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| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1:   | Identify Yourself   |  |   |
|----|---|---|--|---|
|    |   |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You   | full name   |  |   |
|    | Write   | the name that is on   | Robert                                   |   |
|    | your government-issued picture identification (for example, your driver's | First name  | First name                               |   |
|    |   | se or passport).  | Middle name                              | Middle name                                   |
|    | Bring   | your picture  | Ingram                                   |   |
|    |   | ification to your ting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2. |   | ther names you have<br>I in the last 8 years  |  |   |
|    |   | de your married or<br>len names.  |  |   |
| 3. | your<br>num<br>Indiv  | the last 4 digits of<br>Social Security<br>ber or federal<br>ridual Taxpayer<br>tification number | xxx-xx-7183                              |   |

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Debtor 1 Robert Ingram

Case number (if known)

|   |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|---|--|---|--|
| 4.  | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5.  | Where you live   | 6612 Wenz Avenue  | If Debtor 2 lives at a different address:  |
|   |  | La Grange, IL 60525  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|   |  | Cook<br>County  | County   |
|   |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|   |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. Why you are choosing this district to file for |  | Check one:  | Check one:   |
|   | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|   |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|   |  |   |  |

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Case 17-15737 Desc Main Document Page 3 of 57 Case number (if known) Debtor 1 Robert Ingram Part 2: Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When Case number District

cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

10. Are any bankruptcy

■ No

☐ Yes.

Relationship to you Debtor When District Case number, if known Debtor Relationship to you When Case number, if known District

11. Do you rent your residence?

□ No.

Go to line 12.

Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

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Case number (if known) Debtor 1 Robert Ingram Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 **Robert Ingram** 

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### П

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Der | Robert Ingrain  |                         |                                    |   | TIDEI (II KIIOWII)  |
|-----|---|-------------------------|------------------------------------|---|---|
| Par | t 6: Answer These Quest   | ions for Rep            | orting Purposes                    |   |   |
| 16. | What kind of debts do you have?   | i                       | ndividual primarily for a pe       | consumer debts? Consumer debts are rsonal, family, or household purpose."           | defined in 11 U.S.C. § 101(8) as "incurred by an  |
|     |   | _                       | ☐ No. Go to line 16b.              |   |   |
|     |   |                         | Yes. Go to line 17.                | hoodings dahla O.D. in 1111   |   |
|     |   |                         |                                    | business debts? Business debts are devestment or through the operation of the       |   |
|     |   |                         | ☐ No. Go to line 16c.              |   |   |
|     |   |                         | Yes. Go to line 17.                |   |   |
|     |   | 16c. \$                 | State the type of debts you        | owe that are not consumer debts or business.  | iness debts   |
| 17. | Are you filing under Chapter 7?   | □ No.                   | am not filing under Chapte         | er 7. Go to line 18.  |   |
|     | Do you estimate that after any exempt property is excluded and                          |                         |                                    | Do you estimate that after any exempt payailable to distribute to unsecured credit  | property is excluded and administrative expenses ors?   |
|     | administrative expenses   | İ                       | No                                 |   |   |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? | I                       | ⊒ Yes                              |   |   |
| 18. | How many Creditors do   | <b>■</b> 1-49           |                                    | ☐ 1,000-5,000   | ☐ 25,001-50,000   |
|     | you estimate that you owe?  | ■ 1-49<br>□ 50-99       |                                    | ☐ 5001-10,000   | ☐ 50,001-100,000  |
|     | owe?  | □ 100-199               |                                    | □ 10,001-25,000   | ☐ More than100,000  |
|     |   | 200-999                 | )                                  |   |   |
| 19. | How much do you   | <b>\$0 - \$50</b>       | 0,000                              | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your assets to be worth?   | □ \$50,001              | - \$100,000                        | □ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion  |
|     |   |                         | 11 - \$500,000<br>11 - \$1 million | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                   | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                                    |
| 20. | How much do you   | <b>\$</b> 0 - \$50      | 0,000                              | □ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |
|     | estimate your liabilities to be?  | □ \$50,00               | 1 - \$100,000                      | □ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion  |
|     |   | _ ` `                   | 01 - \$500,000<br>01 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                      | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                                     |
|     |   | <b>—</b> \$500,00       | 71 - \$1 IIIIIIOII                 |   |   |
|     | t 7: Sign Below   |                         |                                    |   |   |
| For | you   | I have exa              | mined this petition, and I do      | eclare under penalty of perjury that the in   | formation provided is true and correct.   |
|     |   |                         |                                    | 7, I am aware that I may proceed, if eligi relief available under each chapter, and | ible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.         |
|     |   |                         |                                    | Inot pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b)   |   |
|     |   | I request re            | elief in accordance with the       | chapter of title 11, United States Code,  | specified in this petition.   |
|     |   | bankruptcy<br>and 3571. | case can result in fines up        |   | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |   | /s/ Robert In           |                                    |   | ebtor 2   |
|     |   | Signature               |                                    | Oignata of De   | •   |
|     |   | Executed of             |                                    | Executed on _   |   |
|     |   |                         | MM / DD / YYYY                     |   | MM / DD / YYYY  |

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Debtor 1 Robert Ingram

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ James M. Chesloe Ltd.              | Date          | May 22, 2017       |
|--|---------------|--------------------|
| Signature of Attorney for Debtor       | -             | MM / DD / YYYY     |
| Lance M. Oberlanda                     |               |                    |
| James M. Chesloe Ltd.                  |               |                    |
| Printed name                           |               |                    |
| James M. Chesloe, Ltd.                 |               |                    |
| Firm name                              |               |                    |
| 1030 S. LaGrange Road                  |               |                    |
| Suite # 11                             |               |                    |
| LaGrange, IL 60525                     |               |                    |
| Number, Street, City, State & ZIP Code |               |                    |
| Contact phone <b>708/579-5353</b>      | Email address | ishaalaw@amail.sam |
| Contact phone <b>708/579-5353</b>      | Email address | jcheslaw@gmail.com |
| 6195647                                |               |                    |
| Bar number & State                     |               |                    |

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|   |   |                   | THE FAUL O DEST |  |  |  |
|---|---|-------------------|-----------------|--|--|--|
| Fill in this infor                      | II in this information to identify your case: |                   |                 |  |  |  |
| Debtor 1                                | Robert Ingram                                 |                   |                 |  |  |  |
|   | First Name                                    | Middle Name       | Last Name       |  |  |  |
| Debtor 2                                |   |                   |                 |  |  |  |
| Spouse if, filing)                      | First Name                                    | Middle Name       | Last Name       |  |  |  |
| United States Bankruptcy Court for the: |   | NORTHERN DISTRICT | OF ILLINOIS     |  |  |  |
| Case number _                           |   |                   |                 |  |  |  |

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as      | ssets<br>of what you own      |
|-----|--|--------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 1,350.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 1,350.00                      |
| Par | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 13,226.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 23,808.92                     |
|     | Your total liabilities   | \$           | 37,034.92                     |
| Par | t 3: Summarize Your Income and Expenses  |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 2,360.37                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 2,955.47                      |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch | nedules.                      |
| 7.  | ■ Yes What kind of debt do you have?   |              |                               |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Case number (if known) Debtor 1 Robert Ingram

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |   |
|----|--|---|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | ı |

5,464.34

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following:   |       |       |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 0.00  |

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Page 10 of 57 Document Fill in this information to identify your case and this filing: Debtor 1 Robert Ingram Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Volkswagon Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: **Passat** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2012 Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another Vehicle has lien \$0.00 \$0.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

| Debtor 1                                  | Robert Ingr   | Document Page 11 of 57   | Desc Main   |
|---|---|--|---|
| ■ Yes                                     | . Describe  |  |   |
|   |   | Household goods and furnishings  | \$1,000.00  |
| □ No                                      | oles: Televisions a                                       | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music c<br>I phones, cameras, media players, games | collections; electronic devices                             |
|   |   | Computer   | \$100.00  |
| Examp<br>■ No                             |   | d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin ions, memorabilia, collectibles       | , or baseball card collections;                             |
| Examp                                     | nent for sports a<br>oles: Sports, photo<br>musical instr | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes   | and kayaks; carpentry tools;                                |
| ■ No                                      |   | es, shotguns, ammunition, and related equipment  |   |
| □ No                                      |   | lothes, furs, leather coats, designer wear, shoes, accessories   |   |
|   |   | Clothing   | \$250.00  |
| ■ No □ Yes  13. <b>Non-f</b> :  Exam ■ No |   | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g<br>birds, horses                              | gold, silver  |
| ■ No                                      | ther personal ar  | nd household items you did not already list, including any health aids you did not list  |   |
| 15. Add<br>for F                          | the dollar value  | of all of your entries from Part 3, including any entries for pages you have attached number here  | \$1,350.00  |
|   |   | legal or equitable interest in any of the following?   | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

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|     | eptor 1                     | Robert Ingram   |                             | Case number (if known)  |
|-----|-----------------------------|---|-----------------------------|---|
|     | ■ No                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                   |                             | e, in a safe deposit box, and on hand when you file your petition   |
|     | ☐ Yes                       |   |                             |   |
|     | Exampl<br>                  |   |                             | ts; certificates of deposit; shares in credit unions, brokerage houses, and other similar th the same institution, list each.       |
|     | No                          |   |                             |   |
|     | ☐ Yes                       |   |                             | Institution name:   |
|     |                             | mutual funds, or publicl<br>les: Bond funds, investmen    |                             | rage firms, money market accounts   |
|     | ☐ Yes                       |   | Institution or issuer nam   | ne:   |
|     | Non-pul<br>joint ve<br>■ No |   | nterests in incorporat      | ted and unincorporated businesses, including an interest in an LLC, partnership, ar   |
|     |                             |   |                             |   |
|     | ⊔ Yes. (                    | Give specific information a                               | about them<br>ne of entity: | % of ownership:   |
|     |                             | INan  | ie or entity.               | % of ownership.   |
|     | Negotia                     | able instruments include pe                               | ersonal checks, cashier     | ble and non-negotiable instruments rs' checks, promissory notes, and money orders. er to someone by signing or delivering them.     |
|     | ☐ Yes. G                    | Give specific information a                               | bout them                   |   |
|     |                             | Issu  | er name:                    |   |
|     |                             | ent or pension accounts<br>les: Interests in IRA, ERIS    |                             | (b), thrift savings accounts, or other pension or profit-sharing plans  |
|     |                             | int analysis annount                                      | sh.                         |   |
|     | LI Yes. L                   | ist each account separate.<br>Type o                      | of account:                 | Institution name:   |
| 22. | Your sh<br>Exampl           |   | s you have made so tha      | at you may continue service or use from a company<br>olic utilities (electric, gas, water), telecommunications companies, or others |
|     | ■ No<br>□ Yes               |   |                             | Institution name or individual:   |
|     | Annuitie<br>■ No            | es (A contract for a period                               | lic payment of money to     | o you, either for life or for a number of years)  |
|     | Yes                         | lssuer name   | e and description.          |   |
|     |                             | s in an education IRA, in<br>C. §§ 530(b)(1), 529A(b), a  |                             | ified ABLE program, or under a qualified state tuition program.   |
|     | □ Yes                       |   | •                           | separately file the records of any interests.11 U.S.C. § 521(c):  |
| 25. | Trusts, ∈                   | equitable or future inter                                 | ests in property (othe      | er than anything listed in line 1), and rights or powers exercisable for your benefit   |
|     | ☐ Yes. (                    | Give specific information a                               | about them                  |   |
|     |                             |   |                             | other intellectual property from royalties and licensing agreements   |
|     |                             | Give specific information a                               | about them                  |   |
|     |                             | es, franchises, and other<br>les: Building permits, exclu |                             | ative association holdings, liquor licenses, professional licenses  |
|     |                             | Give specific information a                               | about them                  |   |

Money or property owed to you? Official Form 106A/B

Current value of the

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| Debtor 1                | Robert Ingram   |   | Case number (if known)                        |  |
|-------------------------|---|---|---|--|
|                         |   |   |   | portion you own? Do not deduct secured claims or exemptions. |
| _                       | efunds owed to you  |   |   |  |
| ■ No<br>□ Yes           | . Give specific information abo                                   | out them, including whether you already   | filed the returns and the tax years           |  |
|                         | y support<br>noles: Past due or lump sum a                        | limony, spousal support, child support, r   | naintenance, divorce settlement, property     | settlement   |
| ■ No                    | ,   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       |  |
| ☐ Yes                   | . Give specific information                                       |   |   |  |
|                         |   |   | sick pay, vacation pay, workers' compen       | sation, Social Security                                      |
|                         | . Give specific information                                       |   |   |  |
|                         | ests in insurance policies<br>apples: Health, disability, or life | insurance; health savings account (HSA  | ); credit, homeowner's, or renter's insuran   | ce   |
|                         | . Name the insurance compan                                       | ny of each policy and list its value.   |   |  |
|                         | Compa   | any name:   | Beneficiary:                                  | Surrender or refund value:                                   |
| If you some             |   | le you from someone who has died<br>trust, expect proceeds from a life insura         | nce policy, or are currently entitled to rece | ive property because   |
| □ 1es                   | . Give specific information                                       |   |   |  |
|                         |   | ther or not you have filed a lawsuit or<br>disputes, insurance claims, or rights to s |   |  |
| ☐ Yes                   | . Describe each claim   |   |   |  |
| ■ No                    |   | d claims of every nature, including co  | unterclaims of the debtor and rights to       | set off claims   |
|                         | . Describe each claim   |   |   |  |
| 35. <b>Any f</b> i ■ No | inancial assets you did not a                                     | ılready list  |   |  |
| ☐ Yes                   | . Give specific information                                       |   |   |  |
|                         |   | ur entries from Part 4, including any el  |   | \$0.00   |
| Part 5: D               | escribe Any Business-Related P                                    | Property You Own or Have an Interest In. Li   | st any real estate in Part 1.                 |  |
| 37. <b>Do you</b>       | ı own or have any legal or equita                                 | able interest in any business-related proper  | rty?  |  |
| ■ No. G                 | Go to Part 6.   |   |   |  |
| ☐ Yes.                  | Go to line 38.  |   |   |  |
|                         | escribe Any Farm- and Commer you own or have an interest in farm  | cial Fishing-Related Property You Own or I<br>mland, list it in Part 1.               | Have an Interest In.                          |  |
|                         | ou own or have any legal or e                                     | equitable interest in any farm- or com  | mercial fishing-related property?             |  |
|                         | es. Go to line 47.  |   |   |  |
| Official Fo             | rm 106A/B   | Schedule A/B: Prope   | erty  | page   |

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Case number (if known) Document Debtor 1 Robert Ingram

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership  $\hfill \square$  Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,350.00 58. Part 4: Total financial assets, line 36 \$0.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$1,350.00 Copy personal property total \$1,350.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$1,350.00

Official Form 106A/B Schedule A/B: Property page 5 Case 17-15737 Doc 1 Filed 05/22/17 Entered 05/22/17 10:06:59 Desc Mai

| Fill   | I in this inforn   | nation to identify your   | Document Document  |  | e 15 of 57   |   |
|--|--|---|--|--|--|---|
| De   | btor 1   | Robert Ingram   |  |  |  |   |
|  |  | First Name  | Middle Name  | Last Nan   | ne   |   |
|  | btor 2<br>ouse if, filing)   | First Name  | Middle Name  | Last Nan   | ne   |   |
| Un   | ited States Ba   | nkruptcy Court for the:   | NORTHERN DISTRICT OF   | ILLINOIS   |  |   |
|  | se number _  |   |  |  |  | ☐ Check if this is an amended filing  |
| Of   | fficial Fo   | rm 106C   |  |  |  |   |
| <u>S</u>                                       | chedul   | e C: The Pro  | operty You Cla   | im as  | Exempt   | 4/16  |
| the<br>nee<br>case<br>For<br>spe<br>any<br>fun | property you li<br>ded, fill out and<br>e number (if kr<br>each item of<br>ecific dollar and<br>applicable st<br>ds—may be u                                 | sted on Schedule A/B: Fd attach to this page as nown).  property you claim as a nount as exempt. Alter tatutory limit. Some exemptimited in dollar amount.  | Property (Official Form 106A/B) many copies of Part 2: Addition exempt, you must specify the natively, you may claim the femptions—such as those for unt. However, if you claim an   | as your so<br>nal Page as<br>e amount c<br>ull fair mar<br>health aid<br>exemption | orce, list the property that you necessary. On the top of an of the exemption you claim, ket value of the property be so rights to receive certain of 100% of fair market value.   | or supplying correct information. Using u claim as exempt. If more space is y additional pages, write your name an . One way of doing so is to state a eing exempted up to the amount of benefits, and tax-exempt retirement ue under a law that limits the ht, your exemption would be limited |
|  |  |   | and the value of the propen  | y is detern  | lined to exceed that amou  | it, your exemption would be limited   |
| o t  | he applicable  | •   | im as Evennt   |  |  |   |
| o t<br>Pa                                      | rt 1: Identif  | y the Property You Cla  |  | .,   |  |   |
| o t<br>Pa                                      | rt 1: Identif  | y the Property You Cla  | aiming? Check one only, eve  |  | 9  |   |
| o t<br>Pa                                      | rt 1: Identif  | y the Property You Cla  |  |  | 9  |   |
| o t<br>Pa                                      | rt 1: Identif Which set of You are cla   | iy the Property You Cla<br>exemptions are you cla<br>aiming state and federal   | aiming? Check one only, eve  |  | 9  |   |
| Pa<br>1.                                       | Which set of You are cla   | fy the Property You Cla<br>exemptions are you cla<br>aiming state and federal<br>aiming federal exemption   | <b>aiming?</b> Check one only, even  | 11 U.S.C. §  | 522(b)(3)  |   |
| Pa<br>1.                                       | Which set of You are cla You are cla For any prop  | fy the Property You Cla<br>exemptions are you cla<br>aiming state and federal<br>aiming federal exemption   | nonbankruptcy exemptions.  11 U.S.C. § 522(b)(2)  12 U.B. A/B that you claim as exemptions.  | I1 U.S.C. §  | 522(b)(3)  | Specific laws that allow exemption  |
| Pa<br>1.                                       | Which set of You are cla You are cla For any prop  | fy the Property You Classifier exemptions are you classifier aiming state and federal aiming federal exemption perty you list on Schedulon of the property and line   | nonbankruptcy exemptions.  11 U.S.C. § 522(b)(2)  12 ule A/B that you claim as exemption as exemption as exemption as exemption as exemption you own  13 Copy the value from   | I1 U.S.C. §  | 522(b)(3) the information below.   | Specific laws that allow exemption  |
| Pa<br>1.                                       | Which set of You are cla You are cla For any prop Brief descripti Schedule A/B   | fy the Property You Classifications are you classifications are you classification of the property and line that lists this property wagon Passat   | nonbankruptcy exemptions.  ns. 11 U.S.C. § 522(b)(2)  ule A/B that you claim as exe e on Current value of the portion you own  | I1 U.S.C. §  | 522(b)(3)  the information below.  f the exemption you claim   | Specific laws that allow exemption 735 ILCS 5/12-1001(c)  |
| Pa<br>1.                                       | Which set of You are cla You are cla For any prop Brief descripti Schedule A/B  2012 Volks Vehicle has   | fy the Property You Classifications are you classifications are you classification of the property and line that lists this property wagon Passat   | nonbankruptcy exemptions.  11 U.S.C. § 522(b)(2)  12 ule A/B that you claim as exemption as exem | empt, fill in  Amount o  Check onl   | the information below.  f the exemption you claim  y one box for each exemption.   |   |
| Pa<br>1.                                       | Which set of  You are cla  You are cla  For any prop  Brief descripti Schedule A/B  2012 Volkst Vehicle has Line from Sch                                    | fy the Property You Classifier exemptions are you classifier and federal exemption perty you list on Scheduler on of the property and line that lists this property wagon Passat is lien the dule A/B: 3.1                              | nonbankruptcy exemptions.  11 U.S.C. § 522(b)(2)  ule A/B that you claim as exe e on   | empt, fill in  Amount o  Check onl   | the information below. If the exemption you claim If yone box for each exemption.  \$2,400.00  % of fair market value, up to   |   |
| Pa<br>1.                                       | Which set of  You are cla  You are cla  For any prop  Brief descripti Schedule A/B  2012 Volkst Vehicle has Line from Sch                                    | exemptions are you classified in the property You Classified in the property and line that lists this property wagon Passat is lien the dule A/B: 3.1   | nonbankruptcy exemptions.  ns. 11 U.S.C. § 522(b)(2)  ule A/B that you claim as exe e on Current value of the portion you own Copy the value from Schedule A/B  \$0.00   | empt, fill in  Amount o  Check only  100° any                                      | the information below.  If the exemption you claim  If one box for each exemption.  \$2,400.00  If of fair market value, up to applicable statutory limit  | 735 ILCS 5/12-1001(c)   |
| Pa<br>1.                                       | Which set of  You are cla  You are cla  For any prop  Brief descripti Schedule A/B  2012 Volks: Vehicle has Line from Sch  Household Line from Sch  Computer | iy the Property You Clarify the Property You Clarify exemptions are you clarify aiming state and federal exemption perty you list on Schedulon of the property and line that lists this property wagon Passat is lien the dule A/B: 3.1 | nonbankruptcy exemptions.  ns. 11 U.S.C. § 522(b)(2)  ule A/B that you claim as exe e on Current value of the portion you own Copy the value from Schedule A/B  \$0.00   | empt, fill in  Amount o  Check only  100° any                                      | the information below.  If the exemption you claim  If one box for each exemption.  \$2,400.00  If of fair market value, up to applicable statutory limit  \$500.00  If of fair market value, up to applicable statutory limit   | 735 ILCS 5/12-1001(c)   |
| Pa<br>1.                                       | Which set of  You are cla  You are cla  For any prop  Brief descripti Schedule A/B  2012 Volks: Vehicle has Line from Sch  Household Line from Sch  Computer | fy the Property You Classifier exemptions are you classifier and federal exemption perty you list on Scheduler on of the property and line that lists this property wagon Passat is lien the dule A/B: 3.1                              | nonbankruptcy exemptions.  ns. 11 U.S.C. § 522(b)(2)  ule A/B that you claim as exe e on  Current value of the portion you own  Copy the value from Schedule A/B  \$0.00   | empt, fill in  Amount o  Check only  100' any  100' any                            | the information below.  If the exemption you claim  If one box for each exemption.  \$2,400.00  If of fair market value, up to applicable statutory limit  \$500.00  If of fair market value, up to applicable statutory limit   | 735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(b)   |
| Pa<br>1.                                       | Which set of  You are cla  You are cla  For any prop  Brief descripti Schedule A/B  2012 Volks Vehicle has Line from Sch  Computer Line from Sch  Clothing   | iy the Property You Clarify the Property You Clarify exemptions are you clarify aiming state and federal exemption perty you list on Schedulon of the property and line that lists this property wagon Passat is lien the dule A/B: 3.1 | nonbankruptcy exemptions.  ns. 11 U.S.C. § 522(b)(2)  ule A/B that you claim as exe e on  Current value of the portion you own  Copy the value from Schedule A/B  \$0.00   | empt, fill in  Amount o  Check only  100' any  100' any                            | the information below. If the exemption you claim If one box for each exemption.  \$2,400.00  % of fair market value, up to applicable statutory limit  \$500.00  % of fair market value, up to applicable statutory limit  \$100.00  % of fair market value, up to applicable statutory limit | 735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(b)   |

| (Subject to | aujusiineni | 011 4/0 1/ 19 | and every 3 | years arrei | lilal ioi | cases illeu | on or and | i the date t | or aujustin <del>e</del> r | π., |
|-------------|-------------|---------------|-------------|-------------|-----------|-------------|-----------|--------------|----------------------------|-----|
|             |             |               |             |             |           |             |           |              |                            |     |

■ No

Official Form 106C

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

□ No

☐ Yes

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Debtor 1 Robert Ingram Case number (if known)

| (  | Case 17-15737   | Doc 1 Filed 05   |                              | d 05/22/17 10:<br>of 57   | 06:59 Desc I   | Main                                 |
|--|---|--|------------------------------|---|--|--------------------------------------|
| Fill in this inf   | formation to identify you   | ır case:   |                              |   |  |                                      |
| Debtor 1   | Robert Ingram First Name  | Middle Name  | Last Name                    |   |  |                                      |
| Debtor 2<br>(Spouse if, filing)                              | First Name  | Middle Name  | Last Name                    |   |  |                                      |
| United States  | Bankruptcy Court for the:   | NORTHERN DISTRIC   | CT OF ILLINOIS               |   |  |                                      |
| Case number<br>(if known)                                    |   |  |                              |   | _  | k if this is an                      |
| Official Fo  | orm 106D  |  |                              |   |  |                                      |
| Schedul  | e D: Creditors  | Who Have Cla   | aims Secured                 | by Propert  | y  | 12/15                                |
| s needed, copy<br>number (if knov<br>Do any credit<br>No. Ch | and accurate as possible. In the Additional Page, fill it over the Additional Page, fill it over the country to the country that the country that it is a secured by the country that it is all of the information in the country that is a secured by the country that | out, number the entries, and y your property? his form to the court with y | d attach it to this form. On | the top of any addition   | nal pages, write your n                                | ation. If more space<br>ame and case |
| Part 1: Lis  | t All Secured Claims  |  |                              |   |  |                                      |
| for each claim.  | red claims. If a creditor has r<br>If more than one creditor has<br>le, list the claims in alphabeti  | a particular claim, list the oth   | ner creditors in Part 2. As  | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any    |
| 2.1 <b>Wfds</b>  |   | Describe the property tha  | t secures the claim:         | \$13,226.00   | \$0.00   | \$13,226.00                          |
| Creditor's N   | Name  | 2012 Volkswagon Pa<br>Vehicle has lien                                     | assat                        |   |  |                                      |
| -  | ville, NC 28590   | As of the date you file, the apply.  Contingent                            | e claim is: Check all that   |   |  |                                      |
| Number, S  | treet, City, State & Zip Code   | Unliquidated   |                              |   |  |                                      |
| Who owes the   | e debt? Check one.  | LI Disputed  Nature of lien. Check all t                                   | hat apply.                   |   |  |                                      |
| ■ Debtor 1 onl   | ,   | _  | e (such as mortgage or seco  | ured  |  |                                      |
| Debtor 1 and   | d Debtor 2 only   | ☐ Statutory lien (such as t  | ax lien, mechanic's lien)    |   |  |                                      |
|  | of the debtors and another  | Judgment lien from a la  | wsuit                        |   |  |                                      |
| ☐ Check if thi community                                     | is claim relates to a<br>v debt   | Other (including a right   | to offset)                   |   |  |                                      |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$13,226.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$13,226.00

Last 4 digits of account number

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Opened 02/16 Last Active

Date debt was incurred 2/28/17

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

6913

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|  | 0000 17 10707 2   | Document   | Page 18   | 3 of 57   | J.00.00 DC  | oo wan  |
|--|---|--|---|---|---|---|
| Fill in this in  | formation to identify your  |  |   |   |   |   |
| Debtor 1   | Robert Ingram   |  |   |   |   |   |
| 200101 1   | First Name  | Middle Name  | Last Name   |   | _   |   |
| Debtor 2   |   |  |   |   |   |   |
| (Spouse if, filing)  | First Name  | Middle Name  | Last Name   |   |   |   |
| United States  | s Bankruptcy Court for the:   | NORTHERN DISTRICT OF ILL   | INOIS   |   | _   |   |
| Case numbe   | r   |  |   |   |   |   |
| (if known)   |   |  |   |   | _   | check if this is an   |
|  |   |  |   |   | a   | mended filing   |
| Official F   | orm 106E/F  |  |   |   |   |   |
|  |   | ho Have Unsecured  | Claims  |   |   | 12/15   |
| iny executory<br>Schedule G: E:<br>Schedule D: Ci<br>eft. Attach the | contracts or unexpired leases<br>xecutory Contracts and Unexp<br>reditors Who Have Claims Sec | e Part 1 for creditors with PRIORIT' that could result in a claim. Also li ired Leases (Official Form 106G). Dured by Property. If more space is re. If you have no information to rep | st executory c<br>o not include :<br>leeded, copy t | ontracts on Schedule<br>any creditors with pa<br>he Part you need, fill | AB: Property (Offici<br>rtially secured claims<br>it out, number the en | al Form 106A/B) and on<br>that are listed in<br>tries in the boxes on the |
| Part 1:  | st All of Your PRIORITY Un  | secured Claims   |   |   |   |   |
| 1. Do any cr   | editors have priority unsecure  | d claims against you?  |   |   |   |   |
| No. Go   | to Part 2.  |  |   |   |   |   |
| ☐ Yes.   |   |  |   |   |   |   |
| Part 2:  | st All of Your NONPRIORIT   | Y Unsecured Claims   |   |   |   |   |
| <ol><li>Do any cr</li></ol>  | editors have nonpriority unsec  | cured claims against you?  |   |   |   |   |
| ☐ No. Yo   | u have nothing to report in this pa   | art. Submit this form to the court with  | our other sche                                      | edules.   |   |   |
| Yes.   |   |  |   |   |   |   |
| unsecured  | I claim, list the creditor separately   | aims in the alphabetical order of the<br>y for each claim. For each claim listed,<br>ist the other creditors in Part 3.If you h  | identify what t                                     | ype of claim it is. Do no   | t list claims already inc   | luded in Part 1. If more  |
|  |   |  |   |   |   | Total claim   |
|  | Financial   | Last 4 digits of acco  | ount number   | 9778  |   | \$7,317.00  |
| Nonp   | riority Creditor's Name   |  |   | Opened 06/12  | ast Active  |   |
|  | Renaissance Ctr<br>oit, MI 48243  | When was the debt  | incurred?   | 5/08/14   | Last Active   | -   |
| Numb   | per Street City State Zlp Code  | As of the date you f   | ile, the claim i                                    | s: Check all that apply   |   |   |
| Who  | incurred the debt? Check one.   |  |   |   |   |   |
| ■ De   | ebtor 1 only  | ☐ Contingent   |   |   |   |   |
| □ De   | ebtor 2 only  | ☐ Unliquidated   |   |   |   |   |
| □ De   | ebtor 1 and Debtor 2 only   | ☐ Disputed   |   |   |   |   |
| ☐ At   | least one of the debtors and and  |  | TY unsecured  | l claim:  |   |   |
|  | heck if this claim is for a comr  |  |   |   |   |   |
| debt   | claim subject to offset?  | Obligations arising  | g out of a sepa                                     | ration agreement or div   | vorce that you did not  |   |
| _  | -   | report as priority clair   |   | g plans, and other simi   | lar debte   |   |
| ■ No   |   | •  | •   | •   | iai uebis   |   |
| □ Ye   | es  | Other, Specify   | Automobile  | <b>)</b>  |   |   |

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Debtor 1 Robert Ingram Case number (if know) 4.2 Ally Financial Last 4 digits of account number 4505 \$0.00 Nonpriority Creditor's Name Opened 02/11 Last Active 200 Renaissance Ctr When was the debt incurred? 6/15/12 Detroit, MI 48243 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Automobile ☐ Yes 4.3 **Amer Coll Co** Last 4 digits of account number 2226 \$104.00 Nonpriority Creditor's Name 919 W Estes When was the debt incurred? Opened 11/11/11 Schaumburg, IL 60193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify West Sub Multispecialists Ob ☐ Yes 4.4 **Barclays Bank Delaware** Last 4 digits of account number 3582 \$0.00 Nonpriority Creditor's Name Opened 05/05 Last Active P.o. Box 8803 When was the debt incurred? 8/22/05 Wilmington, DE 19899 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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| Debtor | 1 Robert Ingram   |   | Case number (if know)                         |            |  |  |
|--------|---|---|---|------------|--|--|
| 4.5    | Cap1/mnrds  | Last 4 digits of account number   | 2161  | \$0.00     |  |  |
|        | Nonpriority Creditor's Name  26525 N Riverwoods Blvd  | When was the debt incurred?   | Opened 4/28/09 Last Active 3/31/11            |            |  |  |
|        | Mettawa, IL 60045  Number Street City State Zlp Code  Who incurred the debt? Check one.       | As of the date you file, the claim  | is: Check all that apply                      |            |  |  |
|        | Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|        | lacksquare At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                      |            |  |  |
|        | ☐ Check if this claim is for a community  | Student loans   |   |            |  |  |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                  | aration agreement or divorce that you did not |            |  |  |
|        | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |  |  |
|        | Yes   | Other. Specify Charge Acc   | count   |            |  |  |
| 4.6    | Capital One Nonpriority Creditor's Name   | Last 4 digits of account number   | 4457  | \$1,425.00 |  |  |
|        | 15000 Capital One Dr<br>Richmond, VA 23238  | When was the debt incurred?   | Opened 08/15 Last Active 4/22/17              |            |  |  |
|        | Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply |   |   |            |  |  |
|        | Who incurred the debt? Check one.   |   |   |            |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   |   |            |  |  |
|        | ☐ Check if this claim is for a community  | Student loans   |   |            |  |  |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                  |   |            |  |  |
|        | No  | Debts to pension or profit-sharing  |   |            |  |  |
|        | Yes   | Other. Specify Credit Card  | Other. Specify Credit Card                    |            |  |  |
| 4.7    | Capital One Nonpriority Creditor's Name   | Last 4 digits of account number   | 1479  | \$289.00   |  |  |
|        | 26525 N Riverwoods Blvd<br>Mettawa, IL 60045  | When was the debt incurred?   | Opened 02/16 Last Active 1/30/17              |            |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply                      |            |  |  |
|        | Who incurred the debt? Check one.   |   |   |            |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  |   |   |            |  |  |
|        | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |            |  |  |
|        | $\square$ Check if this claim is for a community debt   | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | aration agreement or divorce that you did not |            |  |  |
|        | Is the claim subject to offset?   | report as priority claims   |   |            |  |  |
|        | No  | Debts to pension or profit-sharing  |   |            |  |  |
|        | ☐ Yes   | ■ Other. Specify Credit Card  | I   |            |  |  |

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| Debto    | Robert Ingram   |  | Case number (if know)                        |          |
|----------|---|--|--|----------|
| 4.8      | Capital One Nonpriority Creditor's Name                               | Last 4 digits of account number                              | 9491   | \$0.00   |
|          | Po Box 5253<br>Carol Stream, IL 60197                                 | When was the debt incurred?                                  | Opened 1/07/04 Last Active 2/21/09           |          |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i                         | is: Check all that apply                     |          |
|          | Debtor 1 only   | ☐ Contingent   |  |          |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|          | ☐ Check if this claim is for a community debt                         | ☐ Student loans ☐ Obligations arising out of a sepa          | ration agreement or divorce that you did not |          |
|          | Is the claim subject to offset?                                       | report as priority claims                                    |  |          |
|          | No  | Debts to pension or profit-sharing                           |  |          |
|          | Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |          |
| 4.9      | Capital One Nonpriority Creditor's Name                               | Last 4 digits of account number                              | 6812   | Unknown  |
|          | 15000 Capital One Dr<br>Richmond, VA 23238                            | When was the debt incurred?                                  | Opened 1/16/06 Last Active 7/14/09           |          |
|          | Number Street City State ZIp Code                                     | As of the date you file, the claim i                         | is: Check all that apply                     |          |
|          | Who incurred the debt? Check one.                                     | •  | ,  |          |
|          | Debtor 1 only   | ☐ Contingent   |  |          |
|          | Debtor 2 only   | ☐ Unliquidated   |  |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|          | ☐ Check if this claim is for a community                              | ☐ Student loans  |  |          |
|          | debt  |  | ration agreement or divorce that you did not |          |
|          | Is the claim subject to offset?                                       | report as priority claims  Debts to pension or profit-sharin |  |          |
|          | ■ No  |  |  |          |
|          | Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |          |
| 4.1<br>0 | Certified Services Inc  | Last 4 digits of account number                              | 882B   | \$256.00 |
|          | Nonpriority Creditor's Name 1300 N Skokie Hwy Ste 10 Gurnee, IL 60031 | When was the debt incurred?                                  | Opened 09/15                                 |          |
|          | Number Street City State Zlp Code                                     | As of the date you file, the claim i                         | s: Check all that apply                      |          |
|          | Who incurred the debt? Check one.                                     |  |  |          |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |          |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|          | $\square$ At least one of the debtors and another                     | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|          | ☐ Check if this claim is for a community                              | Student loans  |  |          |
|          | debt Is the claim subject to offset?                                  | Obligations arising out of a sepa report as priority claims  | ration agreement or divorce that you did not |          |
|          | No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |          |
|          | — NO  | · ·  | Attorney Advanced Pain                       |          |
|          | ☐ Yes   | Other. Specify Consultant                                    | S  |          |

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Debtor 1 Robert Ingram Case number (if know) 4.1 **Chase Card** 8184 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 03/06 Last Active Po Box 15298 When was the debt incurred? 7/13/11 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 **Chase Card** 2553 Unknown Last 4 digits of account number Nonpriority Creditor's Name Opened 10/22/01 Last Active Po Box 15298 When was the debt incurred? 6/25/09 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other, Specify 4.1 Chase Card 5375 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/18/08 Last Active Po Box 15298 When was the debt incurred? 4/08/09 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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| Debioi | Robert ingrain  |   | Case number (ii know)  |                 |  |  |
|--------|---|---|--|-----------------|--|--|
| 4.1    | Choice Recovery                                       | Last 4 digits of account number           | 8993   | \$316.00        |  |  |
|        | Nonpriority Creditor's Name                           | _   |  |                 |  |  |
|        | Po Box 20790  | When was the debt incurred?               | Opened 06/14   |                 |  |  |
|        | Columbus, OH 43220  Number Street City State Zlp Code | As of the date you file, the claim        | is: Check all that apply   |                 |  |  |
|        | Who incurred the debt? Check one.                     | , i.e e. i.i.e aaie yeae, i.i.e e.a       | or chook all that apply  |                 |  |  |
|        | ■ Debtor 1 only                                       | ☐ Contingent                              |  |                 |  |  |
|        | ☐ Debtor 2 only                                       | ☐ Unliquidated                            |  |                 |  |  |
|        |   | _ '                                       |  |                 |  |  |
|        | Debtor 1 and Debtor 2 only                            | ☐ Disputed  Type of NONPRIORITY unsecured | d claim:   |                 |  |  |
|        | ☐ At least one of the debtors and another             | Student loans                             | d Claim.   |                 |  |  |
|        | ☐ Check if this claim is for a community debt         | _   | and the second s |                 |  |  |
|        | Is the claim subject to offset?                       | report as priority claims                 | aration agreement or divorce that you did not  |                 |  |  |
|        | ■ No  | ☐ Debts to pension or profit-sharin       | ng plans, and other similar debts  |                 |  |  |
|        | ☐ Yes   | Other Specific Collection                 | Attorney Arthur W Fox Md   |                 |  |  |
|        | <b>—</b> 133  | - Other. Specify                          |  |                 |  |  |
| 4.1    | Choice Recovery                                       | Last 4 digits of account number           | 1578   | \$221.00        |  |  |
|        | Nonpriority Creditor's Name                           | When we do do do his owned 2              | One and 07/44  |                 |  |  |
|        | Po Box 20790<br>Columbus, OH 43220                    | When was the debt incurred?               | Opened 07/14   |                 |  |  |
|        | Number Street City State Zlp Code                     | is: Check all that apply                  |  |                 |  |  |
|        | Who incurred the debt? Check one.                     | •   | ,  |                 |  |  |
|        | ■ Debtor 1 only                                       | ☐ Contingent                              |  |                 |  |  |
|        | Debtor 2 only   | ☐ Unliquidated                            |  |                 |  |  |
|        | Debtor 1 and Debtor 2 only                            | ☐ Disputed                                |  |                 |  |  |
|        | ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecured             | d claim:   |                 |  |  |
|        | _   | ☐ Student loans                           |  |                 |  |  |
|        | ☐ Check if this claim is for a community debt         |   | ration agreement or divorce that you did not   |                 |  |  |
|        | Is the claim subject to offset?                       | report as priority claims                 | nation agreement of alvoice that you did not   |                 |  |  |
|        | No  | Debts to pension or profit-sharing        | g plans, and other similar debts   |                 |  |  |
|        | ☐ Yes   | Other, Specify     Collection             | Attorney Vasantha Samala Md  |                 |  |  |
|        |   |   |  |                 |  |  |
| 4.1    | Obeles Bersen   |   | 0004   | <b>\$400.00</b> |  |  |
| 6      | Choice Recovery  Nonpriority Creditor's Name          | Last 4 digits of account number           | 8994   | \$126.00        |  |  |
|        | Po Box 20790  | When was the debt incurred?               | Opened 06/14   |                 |  |  |
|        | Columbus, OH 43220                                    |   |  |                 |  |  |
|        | Number Street City State Zlp Code                     | As of the date you file, the claim        | is: Check all that apply   |                 |  |  |
|        | Who incurred the debt? Check one.                     |   |  |                 |  |  |
|        | ■ Debtor 1 only                                       | ☐ Contingent                              |  |                 |  |  |
|        | Debtor 2 only   | ☐ Unliquidated                            |  |                 |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                          | ☐ Disputed                                |  |                 |  |  |
|        | ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecured             | d claim:   |                 |  |  |
|        | ☐ Check if this claim is for a community              | ☐ Student loans                           |  |                 |  |  |
|        | debt  | ☐ Obligations arising out of a sepa       | ration agreement or divorce that you did not   |                 |  |  |
|        | Is the claim subject to offset?                       | report as priority claims                 | •  |                 |  |  |
|        | ■ No  | Debts to pension or profit-sharing        | g plans, and other similar debts   |                 |  |  |
|        | Yes   | Other, Specify     Collection             | Attorney Arthur W Fox Md   |                 |  |  |

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| Debto    | r 1 Robert Ingram   |  | Case number (if know)                         |            |
|----------|---|--|---|------------|
| 4.1<br>7 | Creditors Resource Service  | Last 4 digits of account number  | 3091  | \$608.31   |
| <u>·</u> | Nonpriority Creditor's Name 1807 W. Diehl Road                      | When was the debt incurred?  |   |            |
|          | Naperville, IL 60566  Number Street City State Zlp Code             | As of the date you file, the claim   | is: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                                   | • ,  |   |            |
|          | Debtor 1 only   | ☐ Contingent   |   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured  | d claim:                                      |            |
|          | ☐ Check if this claim is for a community                            | ☐ Student loans  |   |            |
|          | debt<br>Is the claim subject to offset?                             | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|          | Yes   | Other. Specify   |   |            |
| 4.1      | Dupag Cu Nonpriority Creditor's Name                                | Last 4 digits of account number  | 5430  | \$566.00   |
|          | 1515 Bond St<br>Naperville, IL 60563                                | When was the debt incurred?  | Opened 10/02/09 Last Active 10/30/12          |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply                      |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | Disputed   |   |            |
|          | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured  | d claim:                                      |            |
|          | ☐ Check if this claim is for a community                            | ☐ Student loans  |   |            |
|          | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing   |   |            |
|          | Yes   | Other. Specify Deposit Re  | lated   |            |
| 4.1      | Hinsdale Gastroenterology   | Lord Police of the Control of the Co | 0373  | \$4,171.00 |
| 9        | Associate Nonpriority Creditor's Name                               | Last 4 digits of account number  |   | φ4,171.00  |
|          | 12 Salt Creek, Suite 425<br>Hinsdale, IL 60521                      | When was the debt incurred?  | 8-24-13 to 7/16/2014                          |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent   |   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|          | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecured  | d claim:                                      |            |
|          | ☐ Check if this claim is for a community                            | Student loans  |   |            |
|          | debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|          | No  | Debts to pension or profit-sharin  | o plans, and other similar debts              |            |
|          | Yes   | _  | g p.as, and other ominar dobto                |            |
|          | L res   | Other Specify  |   |            |

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Debtor 1 Robert Ingram Case number (if know) 4.2 I C System Inc 8256 \$479.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Po Box 64378 When was the debt incurred? **Opened 01/17** Saint Paul, MN 55164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Directv ☐ Yes 4.2 IC System 0392 \$479.91 Last 4 digits of account number Nonpriority Creditor's Name 444 Highway 96 East When was the debt incurred? PO Box 64378 Saint Paul, MN 55164-0378 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 Med Busi Bur 7528 \$903.00 Last 4 digits of account number Nonpriority Creditor's Name 1460 Renaissance Dr When was the debt incurred? **Opened 12/13** Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Emergency Healthcare ☐ Yes Other. Specify

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| Debtor   | 1 Robert Ingram  | ——————————————————————————————————————                        | Case number (if know)                        |          |  |  |  |
|----------|--|---|--|----------|--|--|--|
| 4.2      | Merchants Credit Guide   | Lord Britton Community  | 2171   | \$855.00 |  |  |  |
| 3        | Nonpriority Creditor's Name  | Last 4 digits of account number                               |  | \$655.00 |  |  |  |
|          | 223 W Jackson Blvd Ste 4<br>Chicago, IL 60606                                | When was the debt incurred?                                   | Opened 02/16                                 |          |  |  |  |
|          | Number Street City State Zlp Code  | As of the date you file, the claim i                          | s: Check all that apply                      |          |  |  |  |
|          | Who incurred the debt? Check one.  |   |  |          |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |          |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |          |  |  |  |
|          | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured                                 | d claim:                                     |          |  |  |  |
|          | ☐ Check if this claim is for a community                                     | ☐ Student loans   |  |          |  |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |          |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |          |  |  |  |
|          | ☐Yes   | ■ Other. Specify Memorial H                                   | Attorney Adventist La Grange                 |          |  |  |  |
| 4.2      | Merchants Credit Guide   | Last 4 digits of account number                               | 5087   | \$423.00 |  |  |  |
|          | Nonpriority Creditor's Name<br>223 W Jackson Blvd Ste 4<br>Chicago, IL 60606 | When was the debt incurred?                                   | Opened 01/15                                 |          |  |  |  |
|          | Number Street City State Zlp Code  | As of the date you file, the claim i                          |  |          |  |  |  |
|          | Who incurred the debt? Check one.  |   |  |          |  |  |  |
|          | ■ Debtor 1 only □ Contingent   |   |  |          |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |          |  |  |  |
|          | $\square$ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 |  |          |  |  |  |
|          | ☐ Check if this claim is for a community                                     | ☐ Student loans   |  |          |  |  |  |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |          |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing                            |  |          |  |  |  |
|          | ☐ Yes  | ■ Other. Specify Manage                                       | Attorney Associates Of Inpatient             |          |  |  |  |
| 4.2<br>5 | Merchants Credit Guide   | Last 4 digits of account number                               | 2289   | \$314.00 |  |  |  |
|          | Nonpriority Creditor's Name 223 W Jackson Blvd Ste 4 Chicago, IL 60606       | When was the debt incurred?                                   | Opened 02/16                                 |          |  |  |  |
|          | Number Street City State Zlp Code  | As of the date you file, the claim i                          | s: Check all that apply                      |          |  |  |  |
|          | Who incurred the debt? Check one.  |   |  |          |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |          |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |  |          |  |  |  |
|          | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:                          |  |          |  |  |  |
|          | ☐ Check if this claim is for a community                                     | ☐ Student loans   |  |          |  |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims    |  |          |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |          |  |  |  |
|          |  | _ Collection  | Attorney Adventist La Grange                 |          |  |  |  |
|          | Yes  | Other. Specify Memorial H                                     |  |          |  |  |  |

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Case number (if know)

| Robert Ingram  |  | Case number (if know)  |               |
|--|--|--|---------------|
| Merchants Credit Guide   | Last 4 digits of account number  | 0116   | \$262.00      |
| Nonpriority Creditor's Name  223 W Jackson Blvd Ste 4                | When was the debt incurred?  | Opened 12/14   | · ·           |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply   |               |
| Debtor 1 only  | ☐ Contingent   |  |               |
| Debtor 2 only  |  |  |               |
|  | '  |  |               |
|  | '  | d claim:   |               |
| <u> </u>   | ☐ Student loans  |  |               |
| debt Is the claim subject to offset?                                 | _  | aration agreement or divorce that you did not  |               |
| ■ No   | Debts to pension or profit-sharing   | ng plans, and other similar debts  |               |
| Yes  |  |  |               |
| Merchants Credit Guide   | Last 4 digits of account number  | 2314   | \$125.0       |
| 223 W Jackson Blvd Ste 4   | When was the debt incurred?  | Opened 02/16   |               |
| Number Street City State Zlp Code                                    | As of the date you file, the claim   | is: Check all that apply   |               |
| Who incurred the debt? Check one.                                    |  |  |               |
| ■ Debtor 1 only  | ☐ Contingent   |  |               |
| Debtor 2 only  | ☐ Unliquidated   |  |               |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |               |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure   | d claim:   |               |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |               |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not  |               |
| No   | Debts to pension or profit-sharing   | ng plans, and other similar debts  |               |
| Yes  |  |  |               |
| Millennium Health  | Last 4 digits of account number  | 0297   | \$99.0        |
| 16981 Via Tazon  | When was the debt incurred?  |  |               |
| Number Street City State Zlp Code                                    | As of the date you file, the claim   | is: Check all that apply   |               |
| Who incurred the debt? Check one.                                    |  |  |               |
| Debtor 1 only  | ☐ Contingent   |  |               |
| ☐ Debtor 2 only  | ☐ Unliquidated   |  |               |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |               |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure   | d claim:   |               |
| ☐ Check if this claim is for a community debt                        | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>  | aration agreement or divorce that you did not  |               |
| Is the claim subject to offset?                                      | report as priority claims  | -  |               |
| ■ No   | Debts to pension or profit-sharing   | ng plans, and other similar debts  |               |
| ☐ Yes  | Other Specify  |  |               |
|  | Merchants Credit Guide  Nonpriority Creditor's Name 223 W Jackson Blvd Ste 4 Chicago, IL 60606  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Merchants Credit Guide Nonpriority Creditor's Name 223 W Jackson Blvd Ste 4 Chicago, IL 60606 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No No Millennium Health Nonpriority Creditor's Name 16981 Via Tazon San Diego, CA 92127 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is debt of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Is the claim subject to offset? No | Merchants Credit Guide Nonpriority Creditor's Name 223 W Jackson Blvd Ste 4 Chicago, IL 60606 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 and Debtor 2 only Yes  Merchants Credit Guide Nonpriority Creditor's Name 223 W Jackson Blvd Ste 4 Chicago, IL 60606 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtor Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 7 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 Nonpriority Claims Debtor 7 and Debtor 2 only Debtor 8 and Debtor 2 only Debtor 9 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debto | Robert Ingram |

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| Debtor   | 1 Robert Ingram  | ——————————————————————————————————————                        | Case number (if know)                        |                 |  |  |
|----------|--|---|--|-----------------|--|--|
| 4.2      | Northwest Collectors   | Land A. Parka of a constant of the                            | 0369   | \$224.00        |  |  |
| 9        | Nonpriority Creditor's Name  | Last 4 digits of account number                               |  | <b>\$224.00</b> |  |  |
|          | 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008                                   | When was the debt incurred?                                   | Opened 09/12                                 |                 |  |  |
|          | Number Street City State Zlp Code  | As of the date you file, the claim i                          | s: Check all that apply                      |                 |  |  |
|          | Who incurred the debt? Check one.  |   |  |                 |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |                 |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |                 |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |                 |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |                 |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |  |                 |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |                 |  |  |
|          | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |                 |  |  |
|          | Yes  | ■ Other. Specify Consultan                                    | Attorney Associated Pathology                |                 |  |  |
| 4.3<br>0 | Northwest Collectors   | Last 4 digits of account number                               | 2337   | \$209.00        |  |  |
|          | Nonpriority Creditor's Name<br>3601 Algonquin Rd Ste 23<br>Rolling Meadows, IL 60008 | When was the debt incurred?                                   | Opened 06/12                                 |                 |  |  |
|          | Number Street City State Zlp Code  | As of the date you file, the claim i                          |  |                 |  |  |
|          | Who incurred the debt? Check one.  |   |  |                 |  |  |
|          | Debtor 1 only  |   |  |                 |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |  |                 |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |                 |  |  |
|          | $\square$ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured                                 |  |                 |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |  |                 |  |  |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims |  |                 |  |  |
|          | ■ No   | Debts to pension or profit-sharing                            |  |                 |  |  |
|          | □Yes   | ■ Other. Specify S.C.   | Attorney Elmhurst Radiologists               |                 |  |  |
| 4.3      | Sears/cbna   | Last 4 digits of account number                               | 3492   | \$0.00          |  |  |
|          | Nonpriority Creditor's Name Po Box 6283 Sioux Falls, SD 57117                        | When was the debt incurred?                                   | Opened 9/07/08 Last Active 4/11/11           |                 |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                  | As of the date you file, the claim i                          | s: Check all that apply                      |                 |  |  |
|          | Debtor 1 only  | ☐ Contingent  |  |                 |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |                 |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |                 |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:                          |  |                 |  |  |
|          | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa           |  |                 |  |  |
|          | Is the claim subject to offset?  | report as priority claims                                     |  |                 |  |  |
|          | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |                 |  |  |
|          | Yes  | Other. Specify Credit Card                                    |  |                 |  |  |
|          |  | Cirioi. Opcomy  |  |                 |  |  |

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| Robert Ingram  |  | Case number (if know)                         |        |
|--|--|---|--------|
| Syncb/sams Club  | Last 4 digits of account number                            | 4045  | \$0.00 |
| Nonpriority Creditor's Name  | _  | Opened 10/02 Last Active                      |        |
| Po Box 965005<br>Orlando, FL 32896                                   | When was the debt incurred?                                | 7/20/11                                       |        |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |        |
| ■ Debtor 1 only  | ☐ Contingent   |   |        |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |        |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |        |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                               | d claim:                                      |        |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |        |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |        |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |        |
| Yes  | Other. Specify Charge Acc                                  | count   |        |
| Syncb/toysrusdc  | Last 4 digits of account number                            | 1016  | \$0.00 |
| Nonpriority Creditor's Name  | _  |   |        |
| Po Box 965005<br>Orlando, FL 32896                                   | When was the debt incurred?                                | Opened 10/08 Last Active 2/11/11              |        |
| Number Street City State Zlp Code                                    | As of the date you file, the claim                         | is: Check all that apply                      |        |
| Who incurred the debt? Check one.                                    |  |   |        |
| Debtor 1 only  | ☐ Contingent   |   |        |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |        |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |        |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                               | d claim:                                      |        |
| ☐ Check if this claim is for a community                             | Student loans  |   |        |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |        |
| No   | Debts to pension or profit-sharir                          | ng plans, and other similar debts             |        |
|  | ·  |   |        |
| ☐ Yes  | Other. Specify Credit Card                                 |   |        |
| Target Nb  | Last 4 digits of account number                            | 9566  | \$0.00 |
| Nonpriority Creditor's Name  |  | Opened 01/97 Last Active                      |        |
| Po Box 673<br>Minneapolis, MN 55440                                  | When was the debt incurred?                                | 8/31/04                                       |        |
| Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim                         | is: Check all that apply                      |        |
| ■ Debtor 1 only  | ☐ Contingent   |   |        |
| Debtor 2 only  | ☐ Unliquidated   |   |        |
| ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |        |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                               | d claim:                                      |        |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |        |
| debt   |  | aration agreement or divorce that you did not |        |
| Is the claim subject to offset?                                      | report as priority claims                                  |   |        |
| No   | Debts to pension or profit-sharing                         |   |        |
| □ Yes  | ■ Other. Specify Credit Card                               | i   |        |

Official Form 106 E/F

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| Debt     | Nobert ingrain  |  | Case Humber (II know)                        |                 |  |  |  |  |
|----------|---|--|--|-----------------|--|--|--|--|
| 4.3<br>5 | Thd/cbna  | Last 4 digits of account number                            | 9287   | \$0.00          |  |  |  |  |
|          | Nonpriority Creditor's Name   | _  | Opened 12/04/08 Last Active                  |                 |  |  |  |  |
|          | Po Box 6497<br>Sioux Falls, SD 57117                                | When was the debt incurred?                                | 6/17/09                                      |                 |  |  |  |  |
|          | Number Street City State Zlp Code                                   | As of the date you file, the claim                         | s: Check all that apply                      |                 |  |  |  |  |
|          | Who incurred the debt? Check one.                                   |  |  |                 |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |                 |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |  |                 |  |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                 |  |  |  |  |
|          | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecured                              | d claim:                                     |                 |  |  |  |  |
|          | $\square$ Check if this claim is for a community                    | ☐ Student loans  |  |                 |  |  |  |  |
|          | debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |                 |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |                 |  |  |  |  |
|          | ☐ Yes   | Other. Specify Charge Acc                                  | count  |                 |  |  |  |  |
| 4.3      | Thomas Boundas  | Last 4 digits of account number                            |  | \$3,721.71      |  |  |  |  |
| 0        | Nonpriority Creditor's Name   |  |  | +-,             |  |  |  |  |
|          | 6428 Joliet Road #204<br>La Grange, IL 60525                        | When was the debt incurred?                                | 7-21-13 to January 24, 2014                  |                 |  |  |  |  |
|          | Number Street City State Zlp Code                                   | As of the date you file, the claim                         | s: Check all that apply                      |                 |  |  |  |  |
|          | Who incurred the debt? Check one.                                   | _  |  |                 |  |  |  |  |
|          | ■ Debtor 1 only   | Contingent   |  |                 |  |  |  |  |
|          | Debtor 2 only   | Unliquidated   |  |                 |  |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   | Later  |                 |  |  |  |  |
|          | At least one of the debtors and another                             | Type of NONPRIORITY unsecured                              |  |                 |  |  |  |  |
|          | ☐ Check if this claim is for a community debt                       | ☐ Student loans  |  |                 |  |  |  |  |
|          | Is the claim subject to offset?                                     | Obligations arising out of a separeport as priority claims |  |                 |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharin                          |  |                 |  |  |  |  |
|          | Yes   | Other. Specify Attorney fe                                 | es   |                 |  |  |  |  |
| 4.3      | Wells Fargo Dealer Services   |  | 6913   | \$314.99        |  |  |  |  |
| 7        | Nonpriority Creditor's Name   | Last 4 digits of account number                            |  | <b>\$314.99</b> |  |  |  |  |
|          | P.O. Box 17900  | When was the debt incurred?                                |  |                 |  |  |  |  |
|          | Denver, CO 80217  |  |  |                 |  |  |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                         | s: Check all that apply                      |                 |  |  |  |  |
|          | Debtor 1 only   | ☐ Contingent   |  |                 |  |  |  |  |
|          | Debtor 2 only   |  |  |                 |  |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ·  |  |                 |  |  |  |  |
|          | lacksquare At least one of the debtors and another                  | Type of NONPRIORITY unsecured                              | d claim:                                     |                 |  |  |  |  |
|          | Check if this claim is for a community                              | ☐ Student loans  |  |                 |  |  |  |  |
|          | debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |                 |  |  |  |  |
|          | No  | Debts to pension or profit-sharin                          | g plans, and other similar debts             |                 |  |  |  |  |
|          | ■ No  | _  | g p, and anic. animal dobto                  |                 |  |  |  |  |
|          | ☐ Yes ☐ Other. Specify  |  |  |                 |  |  |  |  |

## Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Robert Ingram

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Т  | otal Claim |
|--------------|-----|---|-----|----|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|              |     |   |     | Т  | otal Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 23,808.92  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 23,808.92  |

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|   |                          | DUGUITIC          | III FAU <del>C</del> 32 ULJ <i>I</i> |  |
|---|--------------------------|-------------------|--------------------------------------|--|
| Fill in this infor                      | rmation to identify your | case:             |                                      |  |
| Debtor 1                                | Robert Ingram            |                   |                                      |  |
|   | First Name               | Middle Name       | Last Name                            |  |
| Debtor 2                                |                          |                   |                                      |  |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name                            |  |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS                          |  |
| Case number                             |                          |                   |                                      |  |
| (if known)                              |                          |                   |                                      |  |
|   |                          |                   |                                      |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>r, Street, City, State and ZIP ( | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |   | -                 |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
|     | •         |              |   |                   |   |

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| Fill in this                           | s information to identify your  | Document case:  | Page 33 o                                    | f 57   |                                      |
|--|---|---|--|--|--------------------------------------|
| Debtor 1                               | Robert Ingram   |   |  |  |                                      |
|  | First Name  | Middle Name   | Last Name                                    |  |                                      |
| Debtor 2<br>(Spouse if, fili           | ing) First Name   | Middle Name   | Last Name                                    |  |                                      |
| United Sta                             | ates Bankruptcy Court for the:  | NORTHERN DISTRICT OF  | ILLINOIS                                     |  |                                      |
| Case num<br>(if known)                 | ber   |   |  |  | ☐ Check if this is an amended filing |
| Officia                                | l Form 106H   |   |  |  |                                      |
| Sched                                  | lule H: Your Cod  | ebtors  |  |  | 12/15                                |
| eople are<br>ill it out, a<br>our name | s are people or entities who a<br>e filing together, both are equ<br>and number the entries in the<br>e and case number (if known)<br>you have any codebtors? (If | ally responsible for supplying boxes on the left. Attach the same every question. | ng correct informati<br>e Additional Page to | on. If more space is needec<br>o this page. On the top of ar | i, copy the Additional Page,         |
| ■ No                                   |   |   |  |  |                                      |
| ■ No                                   |   |   |  |  |                                      |
|  | hin the last 8 years, have you<br>na, California, Idaho, Louisiana,   |   |  |  | es and territories include           |
|  | . Go to line 3.<br>s. Did your spouse, former spou  | use, or legal equivalent live wi  | th you at the time?                          |  |                                      |
| in line<br>Form                        | lumn 1, list all of your codebt<br>e 2 again as a codebtor only i<br>106D), Schedule E/F (Official<br>olumn 2.  | f that person is a guarantor  | or cosigner. Make s                          | sure you have listed the cree                                | ditor on Schedule D (Official        |
|  | Column 1: Your codebtor<br>Name, Number, Street, City, State and Zl   | P Code  |  | Column 2: The creditor Check all schedules that              | to whom you owe the debt apply:      |
| 3.1                                    |   |   |  | ☐ Schedule D, line   |                                      |
|  | Name  |   |  | ☐ Schedule E/F, line   |                                      |
|  |   |   |  | ☐ Schedule G, line   |                                      |
|  | Number Street<br>City   | State   | ZIP Code                                     | _  |                                      |
|  |   |   |  |  |                                      |
| 3.2                                    | Nama  |   |  | Schedule D, line   |                                      |
|  | Name  |   |  | ☐ Schedule E/F, line ☐ Schedule G, line                      |                                      |
| -                                      | Number Street   |   |  | _  |                                      |

State

City

ZIP Code

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| Fill     | in this information to identify your o  | case:                       |   |           |      |            |                              |                         |                                |          |
|----------|---|-----------------------------|---|-----------|------|------------|------------------------------|-------------------------|--------------------------------|----------|
| De       | btor 1 Robert Ingr  | am                          |   |           | _    |            |                              |                         |                                |          |
|          | btor 2ouse, if filing)  |                             |   |           |      |            |                              |                         |                                |          |
| Un       | ited States Bankruptcy Court for the  | e: NORTHERN DISTRIC         | CT OF ILLINOIS                                      |           | _    |            |                              |                         |                                |          |
| (If k    | se number   |                             | -   |           |      |            |                              | ed filing<br>ent showin | ng postpetition ollowing date: |          |
| <u>O</u> | fficial Form 106I   |                             |   |           |      | Ī          | /MM / DD/ \                  | YYYY                    |                                |          |
| S        | chedule I: Your Inc   | ome                         |   |           |      |            |                              |                         |                                | 12/1     |
| atta     | rt 1: Describe Employment  Fill in your employment  | On the top of any additi    | ional pages, write you                              |           |      |            | umber (if                    | known). A               | Answer every                   |          |
|          | information.  |                             | Debtor 1  |           |      |            |                              |                         | iling spouse                   |          |
|          | If you have more than one job,<br>attach a separate page with<br>information about additional | Employment status           | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |           |      |            | ☐ Employed<br>☐ Not employed |                         |                                |          |
|          | employers.  | Occupation                  |   |           |      |            |                              |                         |                                |          |
|          | Include part-time, seasonal, or self-employed work.   | Employer's name             |   |           |      |            |                              |                         |                                |          |
|          | Occupation may include student or homemaker, if it applies.                                   | Employer's address          |   |           |      |            |                              |                         |                                |          |
|          |   | How long employed t         | here?   |           |      |            | _                            |                         |                                |          |
| Pa       | rt 2: Give Details About Mo   | nthly Income                |   |           |      |            |                              |                         |                                |          |
|          | imate monthly income as of the cuse unless you are separated.                                 | late you file this form. If | you have nothing to re                              | port for  | any  | line, writ | e \$0 in the                 | e space. In             | clude your no                  | n-filing |
|          | ou or your non-filing spouse have m<br>re space, attach a separate sheet to                   |                             | ombine the information                              | for all e | empl | oyers for  | that perso                   | on on the li            | ines below. If                 | you need |
|          |   |                             |   |           |      | For De     | btor 1                       |                         | ebtor 2 or<br>ing spouse       |          |
| 2.       | List monthly gross wages, sala deductions). If not paid monthly,                              |                             |   | 2.        | \$   | 4          | ,506.67                      | \$                      | N/A                            |          |
| 3.       | Estimate and list monthly over  | time pay.                   |   | 3.        | +\$  |            | 957.67                       | +\$                     | N/A                            |          |
| 4.       | Calculate gross Income. Add li  | ne 2 + line 3               |   | 4         | \$   | 5.4        | 64 34                        | \$                      | N/A                            |          |

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| Deb | tor 1                      | Robert Ingram   | -    | •   | Case        | number (if k | nown) |      |               |                   |                  |
|-----|----------------------------|---|------|-----|-------------|--------------|-------|------|---------------|-------------------|------------------|
|     |                            |   |      |     | For         | Debtor 1     |       |      | ebtor :       | 2 or<br>pouse     |                  |
|     | Cop                        | by line 4 here  | 4.   |     | \$_         | 5,46         | 4.34  | \$   |               | N/A               | _                |
| 5.  | List                       | all payroll deductions:   |      |     |             |              |       |      |               |                   |                  |
|     | 5a.                        | Tax, Medicare, and Social Security deductions   | 58   | a.  | \$          | 1,94         | 3.11  | \$   |               | N/A               |                  |
|     | 5b.                        | Mandatory contributions for retirement plans  | 5k   | b.  | \$          |              | 0.00  | \$   |               | N/A               | _                |
|     | 5c.                        | Voluntary contributions for retirement plans  | 50   | C.  | \$          |              | 0.00  | \$   |               | N/A               | _                |
|     | 5d.                        | Required repayments of retirement fund loans  | 50   | d.  | \$_         |              | 0.00  | \$   |               | N/A               | _                |
|     | 5e.                        | Insurance   | 56   |     | \$_         |              | 0.00  | \$   |               | N/A               | _                |
|     | 5f.                        | Domestic support obligations  | 5f   |     | \$_         |              | 0.86  | \$   |               | N/A               | _                |
|     | 5g.                        | Union dues  | 5(   | -   | \$_         |              | 0.00  |      |               | N/A               | _                |
|     | 5h.                        | Other deductions. Specify:  | _    | ո.+ | \$_         |              |       | + \$ |               | N/A               | _                |
| 6.  |                            | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   |     | \$ _        |              | 3.97  | \$   |               | N/A               | _                |
| 7.  | Cal                        | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.   |     | \$ _        | 2,36         | 0.37  | \$   |               | N/A               | _                |
| 8.  | List<br>8a.                | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8:   | a.  | \$          |              | 0.00  | \$   |               | N/A               |                  |
|     | 8b.                        | Interest and dividends  | 8k   |     | <b>\$</b> - |              | 0.00  | \$   |               | N/A               | _                |
|     | 8c.                        | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 80   | C.  | \$          |              | 0.00  | \$   |               | N/A               | _                |
|     | 8d.                        | Unemployment compensation   | 80   | d.  | \$          |              | 0.00  | \$   |               | N/A               | _                |
|     | 8e.                        | Social Security   | 86   | е.  | \$_         |              | 0.00  | \$   |               | N/A               | _                |
|     | 8f.                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:           | 8f   |     | \$_         |              | 0.00  | \$   |               | N/A               | _                |
|     | 8g.                        | Pension or retirement income  | 80   |     | \$_         |              | 0.00  | \$   |               | N/A               | _                |
|     | 8h.                        | Other monthly income. Specify:  | _ 8r | h.+ | \$_         |              | 0.00  | + \$ |               | N/A               | _                |
| 9.  | Add                        | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   | . ! | \$          |              | 0.00  | \$   |               | N/A               | 4                |
| 10  | Cal                        | culate monthly income. Add line 7 + line 9.   | 10.  | \$  |             | 2,360.37     | + \$  |      | N/A           | = \$              | 2,360.37         |
| 10. |                            | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.  | Ψ – |             | 2,300.37     | ┤     |      | 17/           | -  <sup>•</sup> - | 2,300.37         |
| 11. | Star<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:        | dep  |     |             | •            |       | •    | hedule<br>11. |                   | 0.00             |
| 12. |                            | the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies  |      |     |             |              |       |      | 12.           | \$                | 2,360.37         |
| 13. | Do                         | you expect an increase or decrease within the year after you file this form<br>No.  | ?    |     |             |              |       |      |               | Combi<br>monthl   | ned<br>ly income |
|     |                            | Von Evolain:  |      |     |             |              |       |      |               |                   |                  |

Official Form 106I Schedule I: Your Income page 2

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| Eille     | n this informa                                  | tion to identify yo                                   | our case:                           |  |  | ı             |                                   |                               |
|-----------|---|---|-------------------------------------|--|--|---------------|-----------------------------------|-------------------------------|
|           |   |   |                                     |  |  |               | at water to                       |                               |
| Debt      | Pebtor 1 Robert Ingram                          |   |                                     |  |  |               | ck if this is:  An amended filing |                               |
| Debt      | tor 2   |   |                                     |  |  | _             | J                                 | ving postpetition chapter     |
| (Spo      | ouse, if filing)                                |   |                                     |  |  | _             | 13 expenses as of                 | the following date:           |
| Unite     | ed States Bankr                                 | ruptcy Court for the                                  | : NORTH                             | ERN DISTRICT OF ILLIN  | OIS                                    | -             | MM / DD / YYYY                    |                               |
|           | e number<br>nown)                               |   |                                     |  |  |               |                                   |                               |
| Of        | ficial Fo                                       | rm 106J   |                                     |  |  |               |                                   |                               |
| Sc        | chedule   | J: Your   | Exper                               | ises   |  |               |                                   | 12/15                         |
| Be a info | as complete a<br>rmation. If m<br>nber (if know | and accurate as<br>ore space is ne<br>n). Answer ever | possible<br>eded, atta<br>y questio | . If two married people and the control of the cont |  |               |                                   |                               |
| Part      | Is this a joir                                  | ibe Your House  | hold                                |  |  |               |                                   |                               |
|           | ■ No. Go to                                     | o line 2.<br>s Debtor 2 live i                        | in a separ                          | ate household?   |  |               |                                   |                               |
|           | □ Y   | es. Debtor 2 mus                                      | st file Offici                      | al Form 106J-2, Expenses   | s for Separate House                   | ehold of Debi | tor 2.                            |                               |
| 2.        | Do you have                                     | e dependents?   | □ No                                |  |  |               |                                   |                               |
|           | Do not list Do Debtor 2.                        | ebtor 1 and   | ■ Yes.                              | Fill out this information for each dependent   | Dependent's relat<br>Debtor 1 or Debto |               | Dependent's age                   | Does dependent live with you? |
|           | Do not state dependents                         |   |                                     |  | Child                                  |               | 10                                | ■ No<br>□ Yes                 |
|           |   |   |                                     |  | Child                                  |               | 10                                | ■ No<br>□ Yes                 |
|           |   |   |                                     |  |  |               |                                   | □ No                          |
|           |   |   |                                     |  |  |               |                                   | Yes                           |
|           |   |   |                                     |  |  |               |                                   | □ No                          |
| 3.        | expenses of                                     | penses include<br>f people other t<br>d your depende  | han $_{oldsymbol{\sqcap}}$          | No<br>Yes  |  |               |                                   | ☐ Yes                         |
| exp       | imate your ex                                   |   | our bankr                           | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp  |  |               |                                   |                               |
| the       |   | h assistance an                                       |                                     | government assistance i<br>luded it on <i>Schedule I:</i> \  |  |               | Your exp                          | enses                         |
| 4.        |   | or home owners  |                                     | ses for your residence. I  | nclude first mortgag                   | e<br>4. \$    | i                                 | 640.00                        |
|           | If not includ                                   | led in line 4:  |                                     |  |  |               |                                   |                               |
|           | 4a. Real e                                      | estate taxes  |                                     |  |  | 4a. \$        | •                                 | 0.00                          |
|           |   | rty, homeowner's                                      | s, or renter                        | 's insurance   |  | 4b. \$        |                                   | 0.00                          |
|           |   |   | •                                   | upkeep expenses  |  | 4c. \$        |                                   | 25.00                         |
| _         |   | owner's associat                                      |                                     |  |  | 4d. \$        |                                   | 0.00                          |
| 5         | Additional r                                    | mortagae navma  | ante tor vo                         | <b>our residence</b> , such as ho  | me equity loans                        | 5 \$          |                                   | 0.00                          |

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| Debtor 1 _         | Robert Ingram  | Case num    | ber (if known)     |                            |
|--------------------|--|-------------|--------------------|----------------------------|
| 6. <b>Utilitie</b> | s:   |             |                    |                            |
|                    | Electricity, heat, natural gas   | 6a.         | \$                 | 97.00                      |
|                    | Nater, sewer, garbage collection   | 6b.         | ·                  | 15.00                      |
|                    | Felephone, cell phone, Internet, satellite, and cable services                               | 6c.         | \$                 | 168.00                     |
|                    | Other. Specify:  | 6d.         | \$                 | 0.00                       |
|                    | and housekeeping supplies  | — 7.        | ·                  | 433.00                     |
|                    | are and children's education costs   | 8.          | \$                 | 0.00                       |
|                    | ng, laundry, and dry cleaning  | 9.          | \$                 | 80.00                      |
|                    | nal care products and services   | 10.         | ·                  | 50.00                      |
|                    | al and dental expenses   | 11.         | ·                  |                            |
|                    | ·  | 11.         | Ψ                  | 55.00                      |
|                    | portation. Include gas, maintenance, bus or train fare. include car payments.                | 12.         | \$                 | 150.00                     |
|                    | ainment, clubs, recreation, newspapers, magazines, and books                                 | 13.         | ·                  | 100.00                     |
|                    | able contributions and religious donations   | 14.         | ·                  | 25.00                      |
| 5. <b>Insura</b>   | •  | 17.         | Ψ                  | 23.00                      |
|                    | include insurance deducted from your pay or included in lines 4 or 20.                       |             |                    |                            |
|                    | Life insurance   | 15a.        | \$                 | 0.00                       |
|                    | Health insurance   | 15b.        | ·                  | 522.80                     |
|                    | /ehicle insurance  | 15c.        | ·                  | 129.68                     |
|                    | Other insurance. Specify:  | 15d.        | ·                  | 0.00                       |
|                    | Do not include taxes deducted from your pay or included in lines 4 or 20.                    |             | Ψ                  | 0.00                       |
| Specify            | /:   | 16.         | \$                 | 0.00                       |
|                    | ment or lease payments:  |             |                    |                            |
|                    | Car payments for Vehicle 1   | 17a.        | ·                  | 314.99                     |
|                    | Car payments for Vehicle 2   | 17b.        | ·                  | 0.00                       |
|                    | Other. Specify:  | 17c.        | *                  | 0.00                       |
|                    | Other. Specify:  | 17d.        | \$                 | 0.00                       |
|                    | ayments of alimony, maintenance, and support that you did not report as                      | 18.         | ¢                  | 0.00                       |
|                    | ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                   | 10.         | ·                  |                            |
|                    | payments you make to support others who do not live with you.                                |             | \$                 | 150.00                     |
|                    | Extra curricular activities for children   | 19.         |                    |                            |
|                    | real property expenses not included in lines 4 or 5 of this form or on Sche                  |             |                    |                            |
|                    | Mortgages on other property  | 20a.        | ·                  | 0.00                       |
|                    | Real estate taxes  | 20b.        | ·                  | 0.00                       |
|                    | Property, homeowner's, or renter's insurance   | 20c.        | ·                  | 0.00                       |
|                    | Maintenance, repair, and upkeep expenses   | 20d.        | ·                  | 0.00                       |
| 20e. I             | Homeowner's association or condominium dues  | 20e.        |                    | 0.00                       |
| 1. Other:          | Specify:   | 21.         | +\$                | 0.00                       |
| 2. Calcul          | ate your monthly expenses  |             |                    |                            |
| 22a. A             | dd lines 4 through 21.   |             | \$                 | 2,955.47                   |
| 22b. C             | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2               |             | \$                 | · .                        |
|                    | dd line 22a and 22b. The result is your monthly expenses.                                    |             | \$                 | 2,955.47                   |
| 220. A             | as and LLa and LLb. The result is your monthly expenses.                                     |             |                    | 2,333.41                   |
|                    | ate your monthly net income.   |             |                    |                            |
| 23a. (             | Copy line 12 (your combined monthly income) from Schedule I.                                 | 23a.        | \$                 | 2,360.37                   |
| 23b. (             | Copy your monthly expenses from line 22c above.  | 23b.        | -\$                | 2,955.47                   |
| _                  |  |             |                    |                            |
|                    | Subtract your monthly expenses from your monthly income.                                     | 23c.        | \$                 | -595.10                    |
|                    | The result is your monthly net income.   | 230.        |                    | 000.10                     |
| 24 <b>Do vo</b> i  | a expect an increase or decrease in your expenses within the year after yo                   | u file this | s form?            |                            |
| For exa            | mple, do you expect to finish paying for your car loan within the year or do you expect your | mortaaae    | payment to increas | e or decrease because of a |
|                    | ation to the terms of your mortgage?   | gago        | ,                  |                            |
| ■ No.              |  |             |                    |                            |
| - 110.             | Explain here:  |             |                    |                            |

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| Fill in Ab  | io information to identify your                                 |                          |                              |  |                                    |
|-------------|---|--------------------------|------------------------------|--|------------------------------------|
|             | is information to identify your                                 | case:                    |                              |  |                                    |
| Debtor 1    | Robert Ingram First Name  | Middle Name              | Last Name                    |  |                                    |
| Debtor 2    | 2   |                          |                              |  |                                    |
| (Spouse if, | filing) First Name  | Middle Name              | Last Name                    |  |                                    |
| United S    | states Bankruptcy Court for the:                                | NORTHERN DISTRIC         | T OF ILLINOIS                |  |                                    |
| Case nu     | mber  |                          |                              |  |                                    |
| (if known)  |   |                          |                              | _  | Check if this is an amended filing |
|             | ll Form 106Dec<br>aration About a                               | an Individua             | l Dobtor's Sc                | chodulos   | 12/15                              |
|             |   |                          |                              |  |                                    |
| ears, or    | both. 18 U.S.C. §§ 152, 1341, 1                                 | 519, and 3571.           | mapley case can result.      | in fines up to \$250,000, or impris                | omient for up to 20                |
| Did         | I you pay or agree to pay some                                  | one who is NOT an atto   | orney to help you fill out b | pankruptcy forms?                                  |                                    |
| •           | No  |                          |                              |  |                                    |
|             | Yes. Name of person   |                          |                              | Attach Bankruptcy Petit<br>Declaration, and Signat |                                    |
|             | ler penalty of perjury, I declare<br>they are true and correct. | that I have read the sur | mmary and schedules file     | ed with this declaration and                       |                                    |
| х           | /s/ Robert Ingram   |                          | X                            |  |                                    |
| _           | Robert Ingram Signature of Debtor 1                             |                          | Signature of                 | Debtor 2   |                                    |
|             | Date <b>May 22, 2017</b>  |                          | Date                         |  |                                    |

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| Fill                | in this inform                 | nation to identify you          | r case:   |   |   |   |
|---------------------|--------------------------------|---------------------------------|---|---|---|---|
| Deb                 | otor 1                         | Robert Ingram First Name        | Middle Name   | Last Name   |   |   |
| Deb                 | otor 2                         | riotranic                       | Middle Name   | Last Name   |   |   |
| (Spo                | use if, filing)                | First Name                      | Middle Name   | Last Name   |   |   |
| Unit                | ted States Bar                 | kruptcy Court for the:          | NORTHERN DISTRICT (   | OF ILLINOIS   |   |   |
| Cas<br>(if kn       | se number                      |                                 |   |   | _   | theck if this is an mended filing                     |
| Sta<br>Be a<br>info | s complete a                   | of Financial                    | attach a separate sheet to  | are filing together, both are                         | ankruptcy<br>equally responsible for sup<br>y additional pages, write you |   |
|                     | <u> </u>                       | ,                               | stion.<br>arital Status and Where You   | Lived Before  |   |   |
| 1.                  | What is your                   | current marital statu           | ıs?   |   |   |   |
|                     | ☐ Married ■ Not marr           | ried                            |   |   |   |   |
| 2.                  | During the la                  | st 3 years, have you            | lived anywhere other than   | where you live now?                                   |   |   |
|                     | ■ No □ Yes. List               | all of the places you l         | ived in the last 3 years. Do no   | ot include where you live now                         | <i>'</i> .  |   |
|                     | Debtor 1 Pri                   | or Address:                     | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|                     |                                |                                 |   |   | ity property state or territory<br>co, Texas, Washington and W            |   |
|                     | ■ No<br>□ Yes. Ma              | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O   | fficial Form 106H).                                   |   |   |
| Par                 | t 2 Explain                    | n the Sources of You            | r Income  |   |   |   |
| 4.                  | Fill in the tota               | I amount of income yo           | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part-                       |   | ndar years?   |
|                     | □ No<br>■ Yes. Fill            | in the details.                 |   |   |   |   |
|                     |                                |                                 | Debtor 1  |   | Debtor 2  |   |
|                     |                                |                                 | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                                | Gross income<br>(before deductions<br>and exclusions) |
|                     | last calendar<br>nuary 1 to De | year:<br>cember 31, 2016 )      | ■ Wages, commissions, bonuses, tips   | \$41,457.00   | ☐ Wages, commissions, bonuses, tips                                       |   |
|                     |                                |                                 | ☐ Operating a business  |   | ☐ Operating a business  |   |

Official Form 107

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Case number (if known) Document Debtor 1 Robert Ingram

|                          |                                     |  |  | Debtor 1   |  | Debtor 2   |                          |   |
|--------------------------|-------------------------------------|--|--|--|--|--|--------------------------|---|
|                          |                                     |  |  | Sources of income<br>Check all that apply.   | Gross income (before deductions and exclusions)  | Sources of inco  |                          | Gross income (before deductions and exclusions)       |
| For the ca<br>(January 1 |                                     |  |  | ■ Wages, commissions, bonuses, tips  | \$53,072.00  | ☐ Wages, comr<br>bonuses, tips                                       | nissions,                |   |
|                          |                                     |  |  | ☐ Operating a business   |  | ☐ Operating a b  | usiness                  |   |
| For the ca               |                                     |  | 31, 2014 )   | ■ Wages, commissions, bonuses, tips  | \$51,260.00  | ☐ Wages, common bonuses, tips  | nissions,                |   |
|                          |                                     |  |  | ☐ Operating a business   |  | ☐ Operating a b  | usiness                  |   |
| Include and ot winnin    | e income<br>ther publ<br>ngs. If yo | e regard<br>ic benef<br>u are filion<br>ce and the | less of wheth<br>it payments;<br>ng a joint cas<br>ne gross inco | e during this year or the two<br>ner that income is taxable. Ex<br>pensions; rental income; inte<br>se and you have income that<br>ome from each source separa | amples of other income are rest; dividends; money colle you received together, list it | alimony; child suppo<br>cted from lawsuits; r<br>only once under Del | oyalties; and<br>btor 1. | ecurity, unemployment,<br>d gambling and lottery      |
|                          |                                     |  |  | Debtor 1   |  | Debtor 2   |                          |   |
|                          |                                     |  |  | Sources of income Describe below.  | Gross income from each source (before deductions and exclusions)                       | Sources of inco  | me                       | Gross income<br>(before deductions<br>and exclusions) |
| Part 3:                  | List Cer                            | rtain Pa   | yments You   | Made Before You Filed for  | Bankruptcy   |  |                          |   |
| _                        | lo. <b>Ne</b>                       | ither De   | btor 1 nor E   | 's debts primarily consume<br>Debtor 2 has primarily consi<br>personal, family, or househo   | u <mark>mer debts.</mark> Consumer deb   | ts are defined in 11 l   | J.S.C. § 101             | (8) as "incurred by an                                |
|                          |                                     | ring the<br>I No.                                  | 90 days befo   | ore you filed for bankruptcy, d  | id you pay any creditor a tot  | al of \$6,425* or more   | ∍?                       |   |
|                          |                                     | l <sub>Yes</sub>                                   | List below e   | . each creditor to whom you pa editor. Do not include paymer payments to an attorney for t   | nts for domestic support obli  |  |                          |   |
|                          | * 5                                 | Subject t  |  | t on 4/01/19 and every 3 year  |  | or after the date of   | adjustment.              |   |
| ■ Y                      |                                     |  |  | or both have primarily consumer you filed for bankruptcy, d  |  | al of \$600 or more?   |                          |   |
|                          |                                     | No.  | Go to line 7   |  |  |  |                          |   |
|                          |                                     | Yes  | include pay  | each creditor to whom you pa<br>ments for domestic support o<br>this bankruptcy case.  |  |  |                          |   |
| Credi                    | itor's Na                           | ame and  | l Address  | Dates of payme   | ent Total amount   | Amount you   | Was this p               | ayment for  |

Case 17-15737 Doc 1 Filed 05/22/17 Entered 05/22/17 10:06:59 Desc Main Document Page 41 of 57 Case number (if known) Debtor 1 Robert Ingram Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. Amount you **Insider's Name and Address** Reason for this payment Dates of payment Total amount still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Thomas Biundas v. Robert Ingram **Unpaid Attorney** Cook County Cook- 5th Pending 2016 M5 5881 Fees from 2013 District □ On appeal 10220 S. 76th Avenue □ Concluded Bridgeview, IL 60455 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Amount Date action was taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

■ No

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Document Page 42 of 57 Case number (if known) Debtor 1 Robert Ingram Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You James M. Chesloe, Ltd. **Attorney Fees** \$1,200.00 1030 S. LaGrange Road **Suite # 11** LaGrange, IL 60525 jcheslaw@gmail.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. ☐ Yes. Fill in the details.

**Person Who Was Paid** 

Description and value of any property transferred

Date payment or transfer was made Amount of payment

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Debtor 1 Robert Ingram

| 18. | Within 2 years before you filed for bankruptor transferred in the ordinary course of your but include both outright transfers and transfers mad include gifts and transfers that you have already  No  Yes. Fill in the details.                      | siness or financial affa<br>de as security (such as                      | airs?<br>the granting of a s |              |   |   |
|-----|---|--|------------------------------|--------------|---|---|
|     | Person Who Received Transfer Address  | Description and v  |                              | paymer       | ne any property or<br>nts received or debts<br>exchange       | Date transfer was made                        |
|     | Person's relationship to you  |  |                              | paid iii     | excitatige  |   |
| 19. | <ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar obeneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |                              |              |   | of which you are a                            |
|     | Name of trust   | Description and v  | alue of the prop             | erty transfe | erred   | Date Transfer was                             |
|     |   |  |                              |              |   | made  |
| Par | List of Certain Financial Accounts, Inst  | ruments, Safe Deposi   | t Boxes, and Sto             | rage Units   |   |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or   | other financial accou  | nts; certificates            | of deposit;  |   |   |
|     | houses, pension funds, cooperatives, associ   | ations, and other final  | ncial institutions           | ) <b>.</b>   |   |   |
|     | Yes. Fill in the details.   |  |                              |              |   |   |
|     |   | Last 4 digits of account number  | Type of accou instrument     | •            | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  | ear before you filed for   | r bankruptcy, an             | y safe depo  | osit box or other deposi                                      | tory for securities,                          |
|     | No  |  |                              |              |   |   |
|     | Yes. Fill in the details.   |  |                              |              |   |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                              | Describe th  | ne contents   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or   | place other than your  | home within 1                | year before  | you filed for bankrupto                                       | ey?   |
|     | No  |  |                              |              |   |   |
|     | Yes. Fill in the details.   | Who also has an  |                              | Dagariha ti  |   | De ven etill                                  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or I<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                              | Describe tr  | ne contents   | Do you still have it?                         |
| Par | t 9: Identify Property You Hold or Control fo   | or Someone Else  |                              |              |   |   |
| 23. | Do you hold or control any property that som for someone.   | neone else owns? Incl  | ude any propert              | y you borro  | wed from, are storing f                                       | or, or hold in trust                          |
|     | ■ No □ Yes. Fill in the details.  |  |                              |              |   |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                              | Describe th  | ne property   | Value   |
| Par | t 10: Give Details About Environmental Infor  | mation   |                              |              |   |   |
|     | the purpose of Part 10, the following definition  |  |                              |              |   |   |
| U   | and parpose of Fart 10, the following definition  | πο αρριγ.  |                              |              |   |   |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| hazardous material, pollutant, contaminant, or similar term.   |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| Report all notices, releases, and proceedings that you know about, regardless of when they occurred.                                   |  |  |  |   |  |  |  |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |  |   |  |  |  |
|  | No   |  |  |   |  |  |  |
|  | Yes. Fill in the details.                              |  |  |   |  |  |  |
|  |  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | d  | Environmental law, if you know it   | Date of notice   |  |  |
| Hav  | e you notified any governmental unit of                | any release of hazardous material?   |  |   |  |  |  |
|  | No Yes. Fill in the details.                           |  |  |   |  |  |  |
|  |  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | t  | Environmental law, if you know it   | Date of notice   |  |  |
| Hav  | re you been a party in any judicial or adm             | ninistrative proceeding under any envi   | ronr   | mental law? Include settlements a   | nd orders.   |  |  |
|  | No   |  |  |   |  |  |  |
|  | Yes. Fill in the details.                              |  |  |   |  |  |  |
| Case Title Case Number   |  | Court or agency Name Address (Number, Street, City, State and ZIP Code)  |  |   | Status of the case   |  |  |
| t 11:  | Give Details About Your Business or                    | Connections to Any Business  |  |   |  |  |  |
| Wit  | —<br>hin 4 years before you filed for hankrunt         | cy, did you own a business or have an  | v of   | the following connections to any  | husiness?  |  |  |
|  |  | •  | •  |   |  |  |  |
|  | _  |  |  | •   |  |  |  |
|  | ☐ A partner in a partnership                           |  |  |   |  |  |  |
|  |  |  |  |   |  |  |  |
|  | ☐ An owner of at least 5% of the voting                | or equity securities of a corporation  |  |   |  |  |  |
|  | No. None of the above applies. Go to P                 | art 12.  |  |   |  |  |  |
|  |  |  | s.   |   |  |  |  |
|  | siness Name  | Describe the nature of the business  |  | 1   |  |  |  |
|  |  | Name of accountant or bookkeeper   |  | Do not include Social Security r  | number or ITIN.  |  |  |
|  |  |  |  | Dates business existed  |  |  |  |
|  |  | cy, did you give a financial statement t   | o ar   | nyone about your business? Inclu  | de all financial   |  |  |
|  | No   |  |  |   |  |  |  |
|  | Yes. Fill in the details below.                        |  |  |   |  |  |  |
| Ad   | dress  | Date Issued  |  |   |  |  |  |
|  | ort a Hase Na Ad Hav Na Ad Hav Butter Butter Wittlinst | As any governmental unit notified you that  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of the site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or administry of the site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or administry of the site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or administry of the site Address (Number and Sile Address or the Sile Address or the sile Address or the sile Address or the sile Address of the sile Ad | ort all notices, releases, and proceedings that you know about, regardless of wher Has any governmental unit notified you that you may be liable or potentially liable.  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Cavernmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code)  No A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Within 2 years before you filed for bankruptcy, did you give a financial statement to institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Date Issued | ort all notices, releases, and proceedings that you know about, regardless of when the Has any governmental unit notified you that you may be liable or potentially liable und No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environs Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environs No Yes. Fill in the details.  Case Title Case Number Code)  Name Address (Number, Street, City, State and ZIP Code)  111: Give Details About Your Business or Connections to Any Business  Within 4 years before you filed for bankruptcy, did you own a business or have any of A member of a limited liability company (LLC) or limited liability partnership (L A partner in a partnership L A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Date Issued | ont all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environment of the process of the p |  |  |

Part 12: Sign Below

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Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Debtor 1 Robert Ingram   India hore  | Fill in this inform  | nation to identify your                              | case.                                      |  |  | 1                       |  |
|--|--|--|--|--|--|-------------------------|--|
| Debtor 2   Glypose First Name   Midde Name   Last Na   |  |  | ase.                                       |  |  | 4                       |  |
| Debtor 2   Copose it, Hing    First Name   Midde Name   Last Nam   | Debtor 1   |  | Middle Name                                | Last                                   | Name                                   |                         |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number  (Illinown)   | Debtor 2   |  |  |  |  |                         |  |
| Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  12/15  If you are an individual filing under chapter 7, you must fill out this form if:    creditors have claims secured by your property, or  | (Spouse if, filing)  | First Name   | Middle Name                                | Last                                   | Name                                   |                         |  |
| Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  12/15  If you are an individual filing under chapter 7, you must fill out this form if:    creditors have claims secured by your property, or  | United States Bar  | nkruptcy Court for the:                              | NORTHERN DIST                              | RICT OF ILLINOIS                       | S                                      |                         |  |
| Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  12/15  If you are an individual filing under chapter 7, you must fill out this form if:    creditors have claims secured by your property, or  | Case number  |  |  |  |  |                         |  |
| Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  12/15  If you are an individual filing under chapter 7, you must fill out this form if:    creditors have claims secured by your property, or   you have leased personal property and the lease has not expired.  You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).    Part 1:  | _  |  |  |  |  |                         | ] Check if this is an  |
| If you are an individual filling under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or you have leased personal property and the lease has not expired.  You must fill this form with the court within 30 days after you file your hankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must fill out this form with the court within 30 days after you file your hankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part 15 List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral what do you intend to do with the property that secures a debt?  Creditor's Wfds  name:  Description of 2012 Volkswagon Passat you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect, the lease period has not yet ended. You may assume an unexpired personal property leases  For any unexpired personal property leases  Will the lease be assumed?  Lessor's name:  Describe your unexpired personal property leases  Will the lease be assumed?  Lessor's name:  Description of leased  Property:   |  |  |  |  |  |                         | amended filing   |
| If you are an individual filling under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or you have leased personal property and the lease has not expired.  You must fill this form with the court within 30 days after you file your hankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must fill out this form with the court within 30 days after you file your hankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part 15 List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral what do you intend to do with the property that secures a debt?  Creditor's Wfds  name:  Description of 2012 Volkswagon Passat you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect, the lease period has not yet ended. You may assume an unexpired personal property leases  For any unexpired personal property leases  Will the lease be assumed?  Lessor's name:  Describe your unexpired personal property leases  Will the lease be assumed?  Lessor's name:  Description of leased  Property:   |  |  |  |  |  |                         |  |
| If you are an individual filling under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or you have leased personal property and the lease has not expired.  You must fill this form with the court within 30 days after you file your hankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must fill out this form with the court within 30 days after you file your hankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part 15 List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral what do you intend to do with the property that secures a debt?  Creditor's Wfds  name:  Description of 2012 Volkswagon Passat you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect, the lease period has not yet ended. You may assume an unexpired personal property leases  For any unexpired personal property leases  Will the lease be assumed?  Lessor's name:  Describe your unexpired personal property leases  Will the lease be assumed?  Lessor's name:  Description of leased  Property:   | Official Fo  | rm 108   |  |  |  |                         |  |
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| creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).    Part 1   | Statemen   | it of lifteritio                                     | ii ioi iiidiv                              | iuuais Fii                             | ing onder Chapt                        | <u> </u>                | 12/15  |
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| You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Pert 1:  List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral  What do you intend to do with the property that load with the property that secures a debt?  Creditor's Wfds  name:  Description of 2012 Volkswagon Passat property Leases  For any unexpired personal Property Leases  For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect, the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  Description of leased Property:  Lessor's name:  Lessor's name:  Description of leased Property:    Yes   |  |  |  |  |  |                         |  |
| whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part III List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral what do you intend to do with the property that severe a debt?  Creditor's Wfds  | you have lease   | ed personal property a                               | nd the lease has no                        | ot expired.                            |  |                         |  |
| If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part: List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral what do you intend to do with the property that secures a debt?  Creditor's Wfds  name: Surrender the property. Retain the property and redeem it. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:  Part: List Your Unexpired Personal Property Leases  For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  Describe your unexpired personal property leases  Will the lease be assumed?  Lessor's name:  Description of leased  Property:    No   No   Pescription of leased   Property:   No   | You must file this   | s form with the court w                              | ithin 30 days after                        | you file your banl                     |  |                         |  |
| Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).    Part 1: List Your Creditors Who Have Secured Claims   |  | ,  | e court extends the                        | e time for cause.                      | You must also send copies to tr        | ne credito              | rs and lessors you list  |
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| write your name and case number (if known).  Part I: List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral  | Re as complete a   | and accurate as nossih                               | la If more space is                        | needed attach a                        | separate sheet to this form. Or        | the ton c               | of any additional names  |
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| name:  Description of property   |  |  |  | secures a debt                         | ?                                      | as                      | exempt on Schedule C?  |
| name:  Description of property   |  |  |  |  |  |                         |  |
| Description of property Vehicle has lien securing debt:  Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  Describe your unexpired personal property leases  Lessor's name:  Description of leased Property:    No   No   | Creditor's W   | /fds   |  | Surrender the                          | e property                             |                         | No   |
| Description of property  | name:  |  |  |  |  |                         |  |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  Describe your unexpired personal property leases  Will the lease be assumed?  Lessor's name:  Description of leased Property:  Lessor's name:  Description of leased Property:    No   No   Sescription of leased Property:   Yes   Yes   | December 11 and 11   | 224234 !!  |  | ☐ Retain the pr                        | operty and enter into a                |                         | Yes  |
| Part 2: List Your Unexpired Personal Property Leases  For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  Describe your unexpired personal property leases  Will the lease be assumed?  Lessor's name:  Description of leased  Property:  Lessor's name:  Description of leased  Property:  Description of leased  Property:  Description of leased  Property:  Description of leased  |  |  | assat                                      |  | 3                                      |                         |  |
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| Lessor's name:  Description of leased Property:  Lessor's name:  Description of leased Property:  No  Tyes   | Describe your u  | nexpired personal pro                                | perty leases                               |  |  | Will the                | lease be assumed?  |
| Description of leased Property:  Lessor's name: Description of leased Property:  No Description of leased Property:  | December your un   |  | or sy rouses                               |  |  |                         | in the second se |
| Property:  Lessor's name:  Description of leased Property:  Yes  No  Yes   |  |  |  |  |  | ☐ No                    |  |
| Lessor's name:  Description of leased Property:  No  Yes   |  | sea  |  |  |  | П Уде                   |  |
| Description of leased Property:   Yes  | . ,  |  |  |  |  | <b>ப</b> 163            |  |
| Property:  |  |  |  |  |  | ☐ No                    |  |
|  |  | sed  |  |  |  |                         |  |
| Lessor's name:   | i toporty.   |  |  |  |  | ⊔ Yes                   |  |
|  | Lessor's name:   |  |  |  |  | □ No                    |  |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

# Case 17-15737 Doc 1 Filed 05/22/17 Entered 05/22/17 10:06:59 Desc Main Document Page 47 of 57

| Debto          | or 1 | Robert Ingram  | Case number (if known)  |                              |
|----------------|------|--|---|------------------------------|
| Descr<br>Prope | •    | of leased  |   | ☐ Yes                        |
| Lessor's name: |      |  |   | □ No                         |
| Prope          |      | of leased  |   | ☐ Yes                        |
| Lesso          |      | ame:<br>a of leased  |   | □ No                         |
| Prope          |      |  |   | ☐ Yes                        |
| Lesso          |      | ame:<br>a of leased  |   | □ No                         |
| Prope          | •    |  |   | ☐ Yes                        |
| Lesso          |      |  |   | □ No                         |
| Prope          |      | of leased  |   | ☐ Yes                        |
| Part 3         | 3: 5 | Sign Below   |   |                              |
|                |      | alty of perjury, I declare that I have<br>at is subject to an unexpired lease. | licated my intention about any property of my estate that sec | ures a debt and any personal |
| _              |      | obert Ingram   | x   |                              |
|                |      | ert Ingram<br>ture of Debtor 1   | Signature of Debtor 2   |                              |
| [              | Date | May 22, 2017   | Date  |                              |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-15737 Doc 1 Filed 05/22/17 Entered 05/22/17 10:06:59 Desc Main Document Page 52 of 57

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re | e Robert Ingram   |  | Case No.                              |                                     |  |  |
|-------|---|--|---------------------------------------|-------------------------------------|--|--|
|       |   | Debtor(s)                                  | Chapter                               | 7                                   |  |  |
|       | DISCLOSURE OF COM   | PENSATION OF ATTOR                         | NEY FOR DE                            | EBTOR(S)                            |  |  |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplat   | filing of the petition in bankruptcy, or   | r agreed to be paid                   | to me, for services rendered or to  |  |  |
|       | For legal services, I have agreed to accept   |  | \$                                    | 0.00                                |  |  |
|       | Prior to the filing of this statement I have recei  | ved  | \$                                    | 0.00                                |  |  |
|       |   |  |                                       | 0.00                                |  |  |
| 2.    | \$ of the filing fee has been paid.   |  |                                       |                                     |  |  |
| 3.    | The source of the compensation paid to me was:  |  |                                       |                                     |  |  |
|       | ■ Debtor □ Other (specify):   |  |                                       |                                     |  |  |
| 4.    | The source of compensation to be paid to me is:   |  |                                       |                                     |  |  |
|       | ■ Debtor □ Other (specify):   |  |                                       |                                     |  |  |
| 5.    | ■ I have not agreed to share the above-disclosed c  | ompensation with any other person ur       | aless they are mem                    | bers and associates of my law firm. |  |  |
|       | ☐ I have agreed to share the above-disclosed compopy of the agreement, together with a list of the  |  |                                       |                                     |  |  |
| 6.    | In return for the above-disclosed fee, I have agreed  | to render legal service for all aspects of | of the bankruptcy of                  | ease, including:                    |  |  |
|       | <ul><li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li><li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li><li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li><li>d. [Other provisions as needed]</li></ul> |  |                                       |                                     |  |  |
| 7.    | By agreement with the debtor(s), the above-disclose   | d fee does not include the following s     | ervice:                               |                                     |  |  |
|       |   | CERTIFICATION                              |                                       |                                     |  |  |
|       | I certify that the foregoing is a complete statement of bankruptcy proceeding.  | of any agreement or arrangement for p      | ayment to me for r                    | epresentation of the debtor(s) in   |  |  |
|       | May 22, 2017  | /s/ James M. Chesl                         | oe Ltd.                               |                                     |  |  |
| _     | Date  | James M. Chesloe                           | Ltd.                                  |                                     |  |  |
|       |   | Signature of Attorney                      | 144                                   |                                     |  |  |
|       |   | James M. Chesloe,<br>1030 S. LaGrange I    |                                       |                                     |  |  |
|       |   | Suite # 11                                 | · · · · · · · · · · · · · · · · · · · |                                     |  |  |
|       |   | LaGrange, IL 60525                         |                                       |                                     |  |  |
|       |   | 708/579-5353 Fax:                          |                                       |                                     |  |  |
|       |   | jcheslaw@gmail.co                          | om                                    |                                     |  |  |

Name of law firm

## **United States Bankruptcy Court**Northern District of Illinois

|       |  | 1 (of their District of Immors           |                      |                         |
|-------|--|--|----------------------|-------------------------|
| In re | Robert Ingram                              |  | Case No.             |                         |
|       |  | Debtor(s)                                | Chapter 7            | ,                       |
|       | VE   | CRIFICATION OF CREDITOR N                | MATRIX               |                         |
|       |  | Number of                                | f Creditors:         | 38                      |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credi | itors is true and co | rrect to the best of my |
| Date: | May 22, 2017                               | /s/ Robert Ingram                        |                      |                         |

Ally Financial 200 Renaissance Ctr Detroit, MI 48243

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Amer Coll Co 919 W Estes Schaumburg, IL 60193

Barclays Bank Delaware P.o. Box 8803 Wilmington, DE 19899

Cap1/mnrds 26525 N Riverwoods Blvd Mettawa, IL 60045

Capital One 15000 Capital One Dr Richmond, VA 23238

Capital One 26525 N Riverwoods Blvd Mettawa, IL 60045

Capital One Po Box 5253 Carol Stream, IL 60197

Capital One 15000 Capital One Dr Richmond, VA 23238

Certified Services Inc 1300 N Skokie Hwy Ste 10 Gurnee, IL 60031

Chase Card Po Box 15298 Wilmington, DE 19850 Chase Card Po Box 15298 Wilmington, DE 19850

Chase Card Po Box 15298 Wilmington, DE 19850

Choice Recovery Po Box 20790 Columbus, OH 43220

Choice Recovery Po Box 20790 Columbus, OH 43220

Choice Recovery Po Box 20790 Columbus, OH 43220

Creditors Resource Service 1807 W. Diehl Road Naperville, IL 60566

Dupag Cu 1515 Bond St Naperville, IL 60563

Hinsdale Gastroenterology Associate 12 Salt Creek, Suite 425 Hinsdale, IL 60521

I C System Inc Po Box 64378 Saint Paul, MN 55164

IC System
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164-0378

Med Busi Bur 1460 Renaissance Dr Park Ridge, IL 60068 Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606

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Syncb/toysrusdc Po Box 965005 Orlando, FL 32896 Target Nb Po Box 673 Minneapolis, MN 55440

Thd/cbna Po Box 6497 Sioux Falls, SD 57117

Thomas Boundas 6428 Joliet Road #204 La Grange, IL 60525

Wells Fargo Dealer Services P.O. Box 17900 Denver, CO 80217

Wfds Po Box 1697 Winterville, NC 28590